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ABSTRACT

This formative evaluation study of Home Start uses a case study approach. A brief case study focuses on the administrative structure and staff resources and responsibilities of National Home Start. Also included are reports on seven local programs developed after two field visits had been made to each program. In the first visit, objectives chosen by the program staff were identified. During the later site visit, program staff were asked to describe successes and/or failures in reaching preliminary goals, to define those goals, and to describe the working relationship between program objectives and actual services provided for enrolled families. Each case study includes general information regarding program type, sponsors, admission criteria, start-up date, and hours of operation. Specific descriptive data on enrollment, characteristics of the families involved, staff, and funding is included. Most of the report's information is relayed in the following discussion sections: (1) Progress Report, (2) Administration and Training, (3) Parent Participation, and (4) Family Needs and Program Services. (DP)

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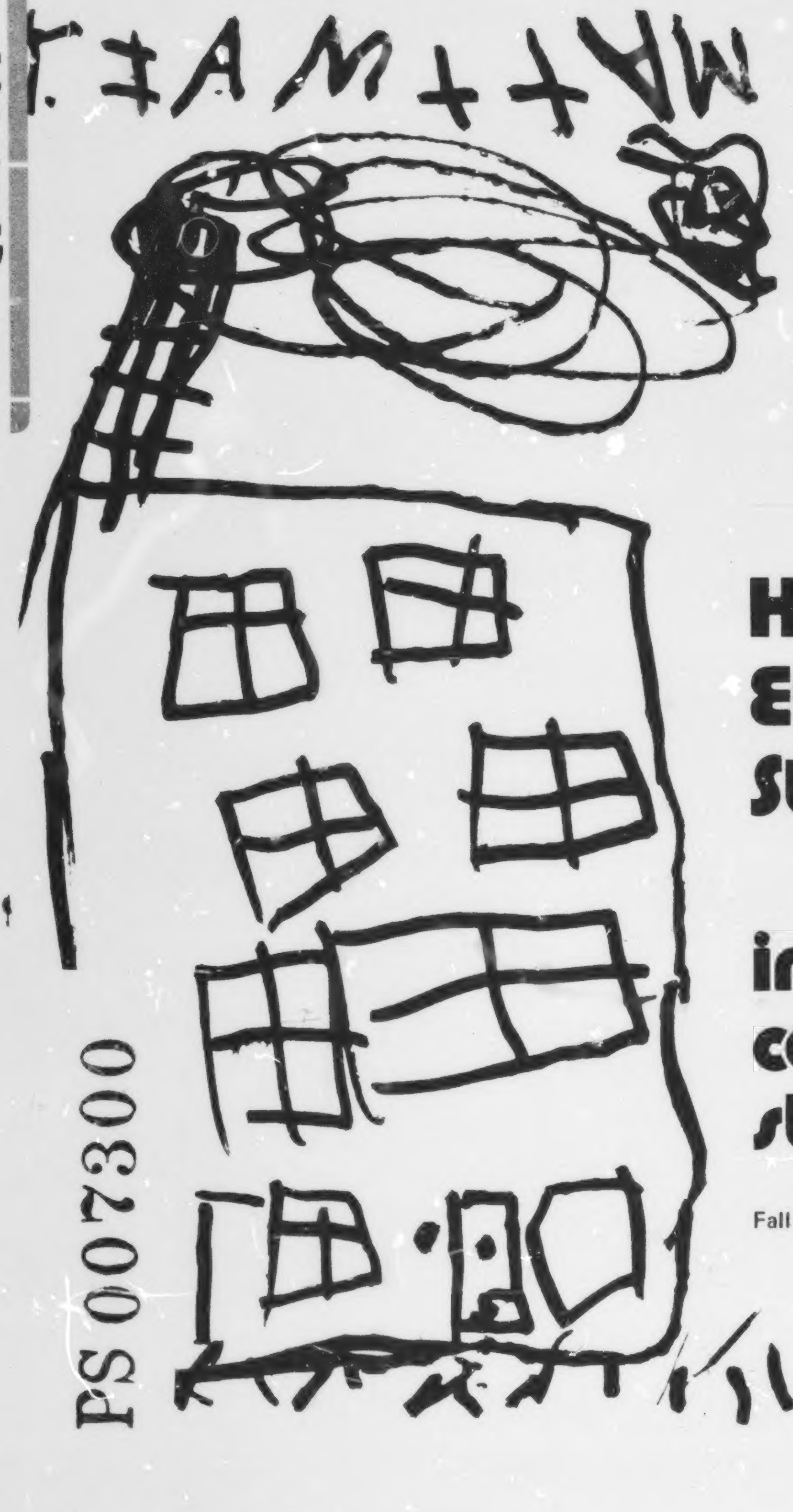

Home Start Evaluation Study

interim case studies IIa

Fall 1972

PS 007300

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HOME START EVALUATION STUDY

REPORT II

FALL 1972

This Report Was Prepared For:

The Department of Health, Education and Welfare
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and

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LOCAL HOME START CASE STUDIES

HUNTSVILLE, ALABAMA

FAIRBANKS, ALASKA

FORT DEFIANCE, ARIZONA

DARDANELLE, ARKANSAS

WICHITA, KANSAS

GLOUCESTER, MASSACHUSETTS

RENO, NEVADA

National Case Study Fall 1972

National Home Start Office

Office of Child Development
Department of Health, Education, and Welfare
Washington, D.C.

Principal Author: Robert Fein

Impressions - Fall 1972

"We are trying," reports Home Start National Director Ann O'Keefe, "to make sure that Home Start keeps its personal touch." Success has not gone to the heads of the people who have helped the Home Start Program get off the ground in Washington and slowly (sometimes painfully) learned to fly in its 15 demonstration sites across the country. Within the Office of Child Development, Home Start is regarded as a capable young program, successfully past many of the pitfalls and difficulties of a hurried start-up. "Of course we won't make any judgments about the success or failure of Home Start until the full formative and summative evaluation data are in," says a high OCD official, "but we're mighty pleased with the progress made so far."

It is hard to judge how much of Home Start's popularity in OCD circles is due to its being the new child in the neighborhood and how much of the praise bestowed on Dr. O'Keefe and her staff will withstand the ups and downs of organizational life in Washington. But in the offices of Home Start staff one notices the hum of hard work and an occasional smile of pride. The "Hello Home Start" sign has been moved from Ann O'Keefe's office to a place above Home Start Associate Arlene Ryan's desk so it can greet visitors. In their offices, Program Associates Sherry Kapfer, Florence Seguin, and Ms. Ryan, back now from several months of cross-country travel to visit Home Start programs, keep in contact with the 15 operating programs, respond to an evergrowing volume of mail (sometimes up to 200 letters in a week), and make plans for the newest addition to their staff responsibilities--the management of OCD's "Center with Many Programs".

Home Start, like any other new program, has made some mistakes. "I would like to do some things over again differently," admits Ann O'Keefe, "but in general I think we're off to a solid start." With 15 programs operating and another recently funded, with evaluation busily in progress, and with growing local and national interest in home-based programs, Home Start is fully launched.

Update

The months since June, 1972, have been busy ones for National Home Start staff, chock-full of activity, though not as hectic as the early program start-up period in the Spring. A "mini-objective" established by Ann O Keefe last Summer has been reached: each Home Start program, from Alabama to Alaska, has been visited at least once by one or two members of the National Home Start staff. The four full-time national staff have not been the only ones on the road: in September about 65 people (directors of Home Start programs, Regional Home Start Representatives, National staff, evaluation staff from High/Scope Educational Research Foundation and Abt Associates Inc., and occasional other staff from the programs) met for a conference in Houston, Texas, where they had an opportunity to discuss the case studies and the evaluation process, share start-up experiences, and receive training about objective-setting and home visiting skills. National Home Start has also initiated a series of program-to-program visits with the objective of having each Home Start program either visit or be visited by another within a three-year period. In August three members of the Gloucester, Massachusetts Home Start staff spent several days visiting the Navajo Home Start Program in Fort Defiance, Arizona. In the late Fall, several staff from Reno Home Start went to Logan, Utah.

In addition to travelling, advising, and keeping in contact with the 15 Home Start programs, National staff have been engaged in information dissemination and planning. Home Start has been mentioned in at least six periodical articles and many briefer accounts in local newspapers. An internal OCD memo from Ann O'Keefe documents the public response to the new program:

> "The interest and enthusiasm that has greeted OCD's Home Start Demonstration Program has exceeded all expectations. This interest comes from parents, school systems, other existing Head Start and early childhood programs, community organizations, local, state, regional and national governmental agencies, the news media and others in the general public, and is expressed by
>
> a. mail at the rate of 100-250 letters per week requesting information on developing a home-based program,
>
> b. numerous invitations extended to Washington Home Start staff and to the fifteen Home Start Demonstration Programs to give workshops, talks and technical assistance in designing programs,
>
> c. phone calls, often totalling 50-60 per day, requesting materials or assistance,
>
> d. articles appearing in a wide variety of publications."

(September 20, 1972)

Each letter that comes to Home Start National staff receives a personal reply, and the staff has assembled a package of informational materials about the program. Pare who write requesting assistance in their own childrearing activities are sent a recently-completed list of books, materials, and resources concerning child-development Home Start staff, especially Dr. O'Keefe, continue to be advocates for home-based programs to groups around the country. Most recently, participants at the Annual Conference of the National Association for the Education of Young Children were treated to a slide show and panel discussion on Home Start, presented by several Home Start Program Directors and Ann O'Keefe.

Planning takes up much of the time of the National staff. There are budgets to be developed, expenditures to be justified, progress reports to be written, new programs to be designed. For example, in September Dr. O'Keefe was asked by the leaders of OCD to prepare a description and explanation of Home Start, with attention to the reasons for its warm national reception. She listed five factors that made Home Start relatively easy to mobilize:

> "a. The local programs were, in general, built on existing and strong Head Start or CAP programs.
>
> b. The overall program was small in size (15 demonstration programs).
>
> c. The home-based concept is generally supported by the communities in which the local programs are being run, and is receiving attention and support by several important sectors of the public.
>
> d. Parents accept and like a program which helps develop and strengthen their relationship with their own children.
>
> e. There was a great deal of cooperation between the Appalachian Regional Commission and OCD (five of the programs are in Appalachia), between program and administration staff, between OCD Washington and OCD Regional Offices, between program and evaluation staff, between and among professionals, between OCD and experienced 'pioneers' in home-based programs, and between national, regional and local programs.'
>
> (September 22, 1972)

Because of their experience with home-based programs, National Home Start staff have been asked to assist in the development of other OCD home-based program efforts. For example, under the new "I and I" (Improvement and Innovation) component of Head Start, local Head Start programs are being encouraged by Washington to depart from the traditional five-day classroom schedule. One option is to develop a home-based component. Home Start staff have worked on the planning and implementation of Head Start I & I.

Another OCD thrust toward broadening the range of child development services offered through Head Start is the Center for Many Programs program, which Ann O'Keefe and her staff have recently agreed to administer. This small new program will attempt to demonstrate the delivery of child development and family support services through a model that incorporates aspects of Head Start, Home Start, and Parent-Child Centers.[1]

Clearly, in the past six months, and in no small part because of the efforts of Home Start staff, the trend in Washington has been toward more home-based programs. "My evaluation of our success or failure," said a key OCD official, "will be based on how many home-based programs we open up in Head Start in the next year." The considerable expertise amassed by Ann O'Keefe and her staff has placed National Home Start in a parent role to the many home-based programs springing up (or about to spring up) across the land. Such a role carries with it the dangers of overly-optimistic expectations and sheer fatigue, but it also provides for the pride of accomplishment.

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[1] Parent-Child Centers offer comprehensive health and social services to parents and children age 0-3. Parents-to-be are also served by PCC's.

National Staff Responsibilities and Resources

The National Home Start Office has four full-time staff: Director Ann O'Keefe and Program Associates Florence Seguin, Sherry Kapfer, and Arlene Ryan. Derria Moore, a nutritionist who worked with the program in the Spring and Summer, moved to the National Institutes of Health early in the Fall. Of the four Home Start staff, only Dr. O'Keefe is a Civil Service employee. The three Associates are technically employees of the Appalachian Regional Commission, paid for by OCD funds transferred to the ARC. This situation is seen by some as less than ideal (there was a time last Spring when staff received no pay for nine weeks), but with the continuing job freeze in HEW, it is unlikely that there will be changes in the near future.

Ann O'Keefe's style of program management is, according to one staffer, "really great." "If you want to take initiative and grow in your job, Ann says 'go right ahead.'" While certain responsibilities are shared by all the staff (maintaining contact with programs, for example), each person has her special function. Florence Seguin is responsible mainly for Home Start's training and technical assistance. Since Home Start has no consultation moneys for T and TA, and since the National staff are considered specialists on home-based program operation, Florence's schedule can be hectic indeed. Already this Fall, she has visited the Fort Defiance, Arizona; Logan, Utah; and Reno, Nevada Home Starts. When the Alaska Home Start seemed in need of training assistance, Ann O'Keefe offered the services of Florence Seguin. When the Education Commission of the States held a key meeting on early childhood in Denver, Ms. Seguin again got the call.

Sherry Kapfer is the National Office's writer and editor. Responsible, among other things, for the Report of the First Home Start Conference, Ms. Kapfer is generally in charge of Home Start's correspondence. Currently, she is writing a major report that describes Home Start. In addition to her writing, she maintains contact with several Home Starts across the country.

Arlene Ryan is Home Start's office manager. Responsible for the filing systems, for Xeroxing, and for clerical tasks, she also maintains contact with several programs and participates in Home Start site visits.

Ann O'Keefe, as Director of Home Start, is responsible for the operation of the National Office. A typical week finds her spending many hours on the phone (talking with Regional Home Start Representatives, a health official from Texas, Home Start directors, sub-contractors, evaluators, press people interested in the program), keeping up with an active correspondence, flying across the country to visit a program, meeting with an outside group about Home Start (for example, a discussion with people at Georgetown Medical School), and working on matters in OCD that relate to Home Start and home-based programs (Head Start I & I, Center with Many Programs). One of Dr. O'Keefe's goals is to leave a "legacy" of a core of people in each region of the country trained and experienced in home-based programs who might serve as a resource for others who want to move in home-based directions. Toward this end, she is increasingly referring callers to the Home Start in their region and is requesting Home Starts to prepare plans for making themselves available to others around them for disseminating information and advice. In the coming months, Ann O'Keefe expects to spend less time on matters directly relating to Home Start. Her new responsibility as director of the "Center with Many Programs", a position she recently accepted at PCD's invitation, will take, she estimates, about 50% of her time.

Resources

Though moneys have been severely limited, the National Home Start Office has utilized several resources in administration of the program. The relationship between Home Start and the Appalachian Regional Commission remains close, and Home Start staff often rely on the ARC for administrative support. A small contract with Mr. Oscar Lott of the Education and Development Corporation has provided planning and support services to the National Office. Mr. Lott and his staff assisted Home Start in organizing and running the September Director's Conference in Houston and prepared a detailed evaluation report of the conference. The Education and Development Corporation is working on a bibliography of home-based programs and services, is preparing a sound-slide presentation describing Home Start for organizations and individuals interested in home-based programs, and is developing a training guide for organizations already running home-based programs.

Home Start staff are constantly on the lookout for resources and materials to help the 15 local programs. Home Start shares a Head Start contract that provides assistance from the American Academy of Pediatrics to each program. A pediatrician, usually one not involved in direct service with the program, has been assigned to each Home Start to act as advisor in planning health services for families.

The National Office, the Regional Offices, and the Programs

There are three key elements in the administration of the National Home Start Program: the National Office, the Regional Office, and the 15 programs. The National Office has worked for smooth relationships with the 10 regional offices and the Indian and Migrant Program Division of OCD. Overall, according to Ann O'Keefe, "we have a superb group of Regional Home Start Representatives". Since the responsibilities of the Regional Offices with regard to the local programs have occasionally been unclear, Dr. O'Keefe has taken steps to assist the Regional "reps" find their roles in relation to Home Start.

In Ann O'Keefe's view, each Home Start Representative is the region's expert on home-based programs, a resource person for those interested in Home Start ideas. The Representative, much like a Head Start community representative, is responsible for the entire grants process, helping Home Start proposals and grants through the Regional office. Home Start Representatives are responsible for pre-reviews of all 16 programs before their refunding proposals are submitted. The pre-reviews are followed by a letter of intent to each program outlining the recommendations and requirements of both the National and the Regional staff.

At the same time that the National Office has made efforts to insure that Regional Representatives have both responsibility and authority, Washington has articulated considerations deemed central to program re-funding and continued operation. These National articulations have taken various forms, ranging from a memo sent to all Assistant Regional Directors of OCD about Home Start pre-reviews which listed eight considerations (having to do with recruitment, dissemination of information, staff salaries, travel, and an emphasis on "safety" in the Health component), to field visits by National staff followed by letters advising programs to make certain changes in their operation. Ann O'Keefe is concerned about an occasional tendency of National staff to be unnecessarily firm with local programs which deviate from the National Office notions of ideal operation. With two major exceptions --

the Navajo and Binghamton programs -- the National Office has not asserted itself heavily in the field. "My feeling is that our directives should be minimal", said Dr. O'Keefe, "and because, generally, we have strong programs, I think it works." It is clear, though, that the National Home Start leadership accepts responsibility for the operation of the program -- and the authority that goes with such responsibility. Relations among the National Office, the Regional Offices, and the 16 programs are generally amicable, and will continue to evolve.

Evaluation

The relationship, at the National level, between Home Start operation and evaluation remains close. "Esther Kresh and I work well together", remarks Ann O'Keefe. "We've had no major disagreements so far, and we don't expect any further along the road." Dr. Kresh agrees, "In my view, Home Start is doing very well. From the very beginning in the conceptualization, evaluation played a major part. The process of asking questions, which is the essence of evaluation, helps shape the conceptualization of the program. So far there is nothing I would really change about what we've done."

Evaluation plans call for continuation of the formative evaluation case studies during the next two years, at the same time that the summative evaluation moves into its major phases. In fact, the idea of linking evaluation with program operation from the beginning is working so well that OCD officials hope to do it with other new projects.

The Future of Home Start

Though there is some question in Washington about the eventual role and place of the Office of Child Development within HEW, several officials expressed confidence that Home Start's funding, at its current level, is relatively guaranteed for the next few years. Within OCD, Home Start resides in the Program Innovation Division of the Child Development Services Bureau. Ray Collins, Director of the Program Innovation Division, speaks with pride about Home Start. "What we found as we got into the Home Start project is that some of the concerns that people had in this area were not well founded. Some of the concerns were: would the program design work large-scale in the field, or was it something that only a few researchers could do in a fairly esoteric setting? The answer was yes, it turns out that it works rather well -- it's possible to get the program going. Another concern was, would parents be responsive to this on a large scale in a wide spectrum of community settings? The answer to that was yes; in fact, they were enthusiastic. What we really uncovered here was a stong ground swell of national interest in and support for the whole Home Start concept."

OCD is supporting this ground swell by allowing Head Start programs, through the Improvement and Innovation Program, to develop home-based components. Fifty thousand dollars has been allocated to each region for such efforts. "We encourage Home Start programs to select a program design that meets the needs of the children, whether it's the standard five-day model, a home-based model or some combination of the two," said Mr. Collins.

In the next several months, the Regional OCD's and the National Home Start Office will process and award second-year grants to the 16 demonstration projects. As part of the Head Start I & I program, Home Start staff will continue to assist development of home-based options for Head Start programs. The National Office will distribute a bibliography of materials concerning home-based programs, a comprehensive directory of home-based programs in the United States, a publication describing the Home Start program in general and each demonstration program in particular, a slide presentation describing Home Start and home-based programs, and a training guide for home-based programs. Early in 1973, plans will be finalized for the second-year evaluation, and the contract will be awarded.

Home Start has experienced the growth pains of any new national program (problems in several of the 15 operating programs; occasional complaints about the assistance provided by the National Office; concerns about possible over commitment of the Home Start National staff) but, overall, in Ann O'Keefe's words, "Home Start is thriving. Most programs are stable, on their feet, and contributing to our overall understanding and implementing home-based programs." (Memo, October 25, 1973). An article on Home Start, to be published early in 1973 in the magazine Children Today will further publicize this newest Federal home-based demonstration program.

Unless Home Start succumbs to problems not yet visible, it is likely that the program will continue making steady progress in the next months and years.

CASE STUDIES

VOLUME 11a

TARCOG HOME START

Huntsville, Alabama

Case Study II Fall 1972

Project Home Start
Huntsville, Alabama

Principal Author: Wynn Montgomery

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PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

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[1] See Section IV. An "Assessment of Needs" for detailed description.

IN BRIEF

OCTOBER 1972

GENERAL

TYPE OF PROGRAM:	Predominantly rural, although some families reside in metropolitan areas.
SPONSORED BY:	Delegate - Top of Alabama Regional Council of Governments Grantee - Same
ADMISSION CRITERIA:	HEW Head Start Guidelines
PROGRAM START-UP DATE:	June 1972
HOURS OPEN:	Monday - Friday, 8:00 a.m. - 4:30 p.m.

FAMILIES

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
ENROLLMENT:	0		95		+95	infinite

STAFF

TOTAL PAID STAFF:	2		12		+10	500%
Full-Time	2	100%	12	100%	+10	500%
Part-Time:	0		0			-
TOTAL IN-KIND STAFF:	0		0			-
Full-Time	0		0			-
Part-Time	0		0			-
ETHNICITY OF STAFF:						
Anglo:	2	100%	8	67%	+ 6	300%
Black:	0		4	33%	+ 4	infinite
Chicano:	0		0			-
Indian:	0		0			-
Oriental:	0		0			-
Other:	0		0			-
SEX OF STAFF:						
Female:	2	100%	12	100%	+10	500%
Male:	0		0			-

STAFF POSITIONS: See Staff Organization Chart, p. 5

POSITIONS OPEN: None

CHILDREN

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL HOME START CHILDREN:	0		117		+117	infinit
TOTAL CHILDREN (ELIGIBLE FAMILIES):						
0-12 months:	0		13	3%	N/A[1]	
13-24 months:			19	5%	-	
25-36 months:			28	7%	-	
37-48 months:	0		21	6%	-	
49-60 months:			52	14%	-	
61-72 months:			54	14%	-	
6-9 years:	0[2]		81	21%	-	
10-13 years:			65	17%	-	
14-18 years:			45	12%	-	
ETHNICITY OF FOCAL CHILDREN:[3]						
Anglo:	0		52	44%	N/A[3]	
Black:	0		65	56%	-	
Chicano:	0		0		-	
Indian:	0		0		-	
Oriental:	0		0		-	
Other:	0		0		-	
SEX OF HOME START CHILDREN:						
Female:	0		63	54%	+ 63	infinit
Male:	0		54	46%	+ 54	infinit

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

PARENTS

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL FOCAL PARENTS:[1]	0		95		+95	infinite
SEX OF FOCAL PARENT:						
Female:	0		95	100%	+95	infinite
Male:	0		0			-
Families in which both parents are considered focal parents:	NI		0			-
EMPLOYMENT OF FOCAL PARENT:						
Employed:[2]	0		6	6%	+ 6	infinite
Unemployed:	0		89	94%	+89	infinite
In School or Training:	0		0			-
Unknown:	0		0			-
EMPLOYMENT OF FAMILIES:[3]						
Employed, Regular:	0		27	28%	+27	infinite
Employed, Part-Time or Seasonal:	0		7	7%	+ 7	infinite
Unemployed or Unknown:	0		61	64%	+61	infinite

ESTIMATED FUNDING:

HEW:	$100,000
In-Kind:	11,111
Total:	$111,111

FOR FURTHER INFORMATION, CONTACT:

Dr. Kyo R. Jhin, Director
Human Resources Program
Top of Alabama Regional Council of Governments
2603-C Leeman Ferry Road, S.W.
Huntsville, Alabama 35801
(205) 534-4969

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[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

I. PROGRESS REPORT

A. Impressions -- October 1972

The basement of the Little Flock Primitive Baptist Church in Brownsboro, Alabama -- a rural community 15 miles from Huntsville -- is gaily decorated with orange and black crepe paper. Beneath these streamers, 20 pre-school children crowd around a table and help Home Start Teacher Sandra Rooks make a jack-o-lantern from the pumpkin they just bought on their field trip to the Farmer's Market. Since mid-September, Brownsboro's Home Start children have gathered in this basement every Wednesday afternoon for two and a half hours of classroom experience.

There are six similar Home Start classrooms -- located in churches, schools, and community centers -- in other parts of the five-county TARCOG area. Once a week, a Home Start Teacher and an aide arrive lugging books, toys, easels, etc., to conduct their classes. They follow a lesson plan designed to complement the other aspects of TARCOG Home Start's Education Component -- weekly home visits and daily telecasts of Appalachia Educational Laboratory's "Around the Bend" series.

* * *

The wind is whistling around -- and through -- the weathered house which serves as the Brownsboro Neighborhood Service Center of the Huntsville-Madison County Community Action Agency. Inside, Elizabeth Kelley, the TARCOG Home Visitor for for the Brownsboro area, is meeting with a group of seven local Home Start parents. Once each month, the parents are responsible for planning and preparing the snack their children will receive in the classroom, and one of the purposes of this meeting is to discuss next month's snack. Elizabeth encourages the parents to take the initiative, but they continue to look to her for guidance. These women appear quite willing to help, but seem uncertain what is expected of them. In the end, Elizabeth must make specific assignments (and set deadlines) for planning, preparing, and delivering the snack.

The group also discusses briefly the sewing class Elizabeth is organizing. She is trying to round up sewing machines and determine when space will be available in the Neighborhood Service Center.

* * *

Scenes like these in Brownsboro are representative of the TARCOG Home Start Program in October, 1972. The Education Component is fully established and Home Visitors are trying to start parent groups which will involve parents more fully in their children's education.

B. Program Update

TARCOG did not receive official notification that Governor Wallace had approved the Home Start Project until late May, 1972. This approval was necessary in order for the Program to be funded and, consequently, at the time of the Spring Case Study, Home Start had not progressed beyond the planning stage. Two staff members (a Teacher and an Aide) had been hired, and they were meeting with local officials in each of the five TARCOG counties to familiarize them with Home Start and to select appropriate "pocket areas" in which to recruit families.

A great deal has been accomplished since June. Seven pocket areas have been selected, two in both Madison and Marshall Counties and one in each of the other three counties.[1] A total of 105 families have been recruited in these areas, and current enrollment is 95 families. A Policy Council has been formed, including two Parent Representatives from each area.[2] This Council has held four meetings, including two meetings in early August, one to review applications for Home Start positions, another to approve new Home Start staff.

Staff

The Project is fully staffed[3] and the staff's qualifications are quite good. Shirley Holland, the Coordinator, is a native Alabamian (as is the entire staff) with a Master's Degree in Counseling and some work toward her doctorate. She is the former Director of the Huntsville Achievement School, a school for children with learning disabilities. Sandra Rooks, the new Teacher, is a graduate of Alabama A&M and taught for two years in the local Education Improvement Plan funded by the Ford Foundation. The Home Visitors all are natives of the areas in which they work. Their educational backgrounds and experience are diverse. All are high school graduates, several have done some college work, and one is a college graduate. Most have worked with pre-school children before, but one has not. The things they have in common are an obvious interest in children and an ability to develop rapport with the Home Start families.

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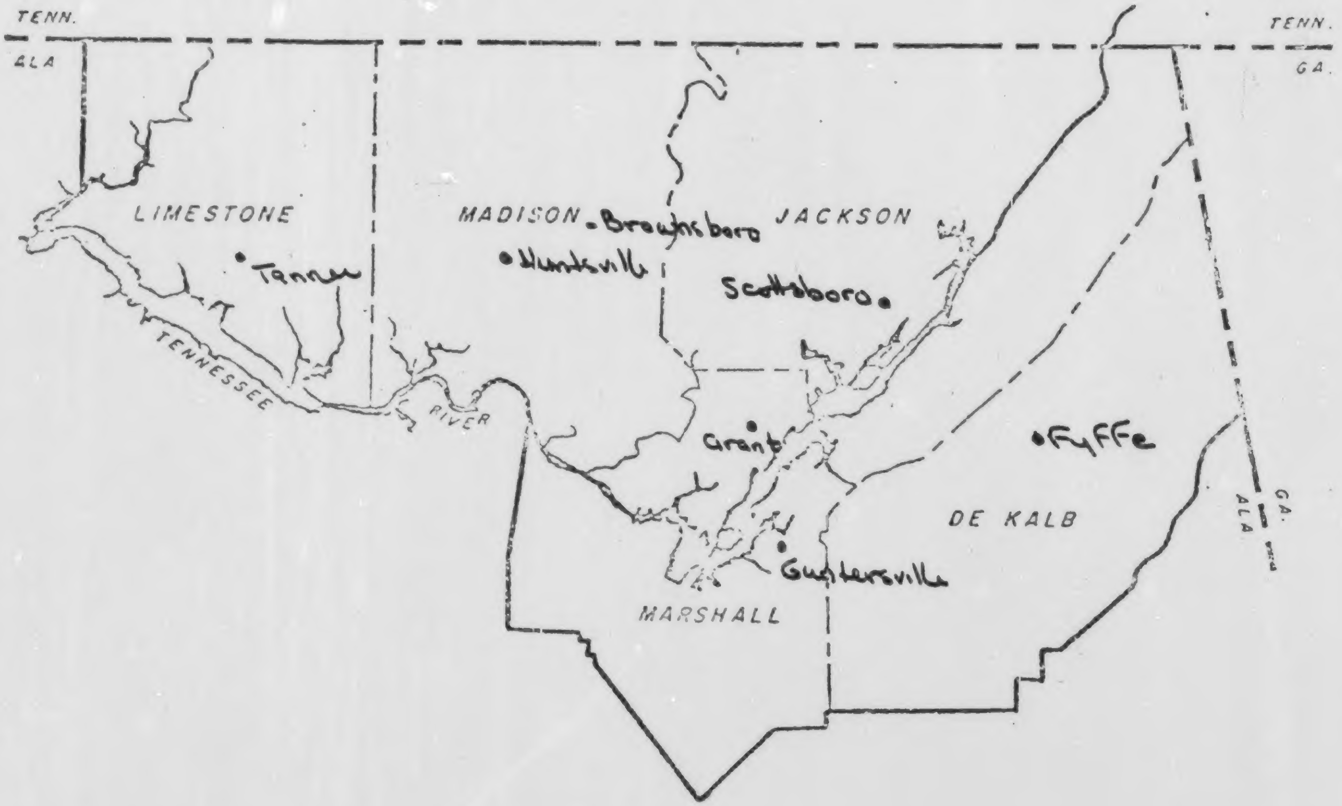
[1] See area map I on following page

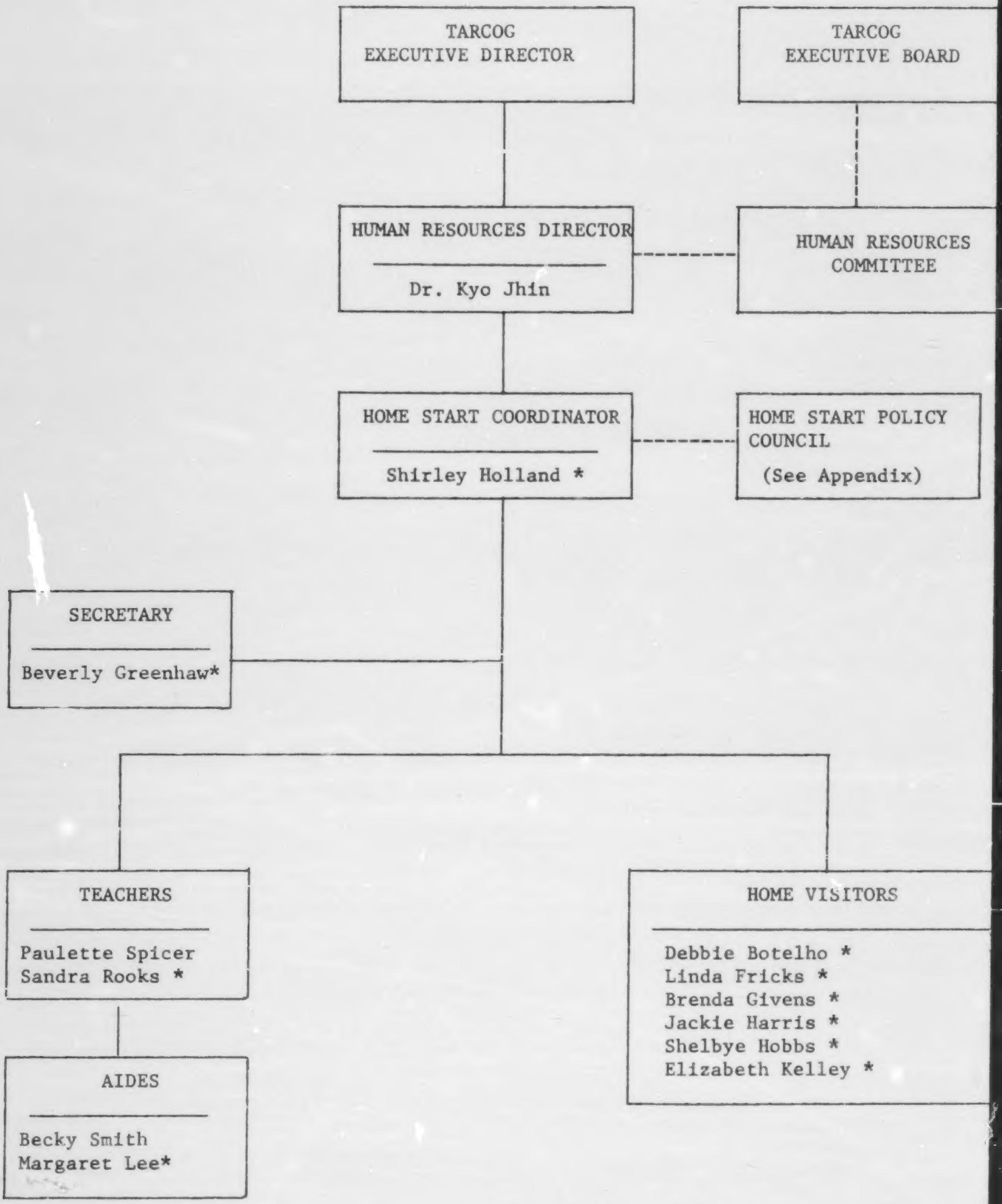
[2] A complete roster of Policy Council members appears in Appendix B.

[3] See staff Organization chart, p. 5.


TENN.
ALA
TENN.
GA.
LIMESTONE
MADISON
JACKSON
Brownsboro
Huntsville
Tanner
Scottsboro
TENNESSEE
RIVER
Grant
Fyffe
DE KALB
Guntersville
MARSHALL
GA.
ALA

TARCOG HOME START POCKET AREAS

TARCOG HOME START ORGANIZATION CHART


TARCOG EXECUTIVE DIRECTOR
TARCOG EXECUTIVE BOARD
HUMAN RESOURCES DIRECTOR
Dr. Kyo Jhin
HUMAN RESOURCES COMMITTEE
HOME START COORDINATOR
Shirley Holland *
HOME START POLICY COUNCIL
(See Appendix)
SECRETARY
Beverly Greenhaw*
TEACHERS
Paulette Spicer
Sandra Rooks *
AIDES
Becky Smith
Margaret Lee*
HOME VISITORS
Debbie Botelho *
Linda Fricks *
Brenda Givens *
Jackie Harris *
Shelbye Hobbs *
Elizabeth Kelley *

*Hired since June, 1972

The entire staff received pre-service training in an intensive two-week workshop held August 14-25. Home Visits began just before this workshop and the Home Visitors' first assignment was to get one Home Start parent from each area to attend the workshop each day.

On September 18, 1972, the daily telecasts of the "Around the Bend" series began, and the TARCOG Home Start Program was in full operation.

Families

Of the 95 families now enrolled, only one is a single-parent family. All focal parents, with whom Home Visitors spend the most time, are female; most are mothers of focal children but several are grandmothers, aunts, and older sisters.

In the fall of 1972, the program was serving 117 focal children, 65 of whom were black and 52 white. Seventeen were three years old, 51 were four years old, and 49 were five years old. The Program Coordinator estimates that 40 focal children will leave the program by Spring of 1973.

Resources

In moving the program from the planning stages to its present situation, TARCOG has drawn upon numerous and varied resources. Dr. Kyo Jhin, TARCOG's dynamic Director of Human Resources, has developed an impressive graphic chart which depicts the agencies which have contributed to TARCOG Home Start's growth. This chart is summarized on the following page.

Cooperation from other agencies has been almost universally good. In June, there appeared to be some disharmony between Home Start and the local Head Start Program, but relations between the two agencies now are good. The Head Start Director is an active member of the Home Start Policy Council and helped plan the Pre-Service Workshop, which was attended by many Head Start staff.

- TARCOG HOME START -

SERVICES RECEIVED FROM OTHER AGENCIES

FEDERAL AND REGIONAL

- Appalachia Educational Laboratories (AEL) (Consultant, "Around the Bend")
- Alabama Regional Commission (ARC) (Selection of TARCOG)
- Tennessee Valley Authority (TVA) (Health Consultant)
- Tri-State Training Officer (Consultant)
- NASA (Surplus Furniture)
- Office of Child Development (OCD) - National (Funding)
- Office of Child Development (OCD) - Regional (Community Reps)

STATE

- Calhoun Junior College (Proposal Writing, Consultant)
- State Training Officer (Program Planning)
- State Department of Education (Planning and Telecasting "Around the Bend")
- Alabama A & M Unit (Consultant; Student intern)
- Governor's Office (Approval)
- University of Alabama at Huntsville (Consultant)
- Alabama Development Office (Consultant)
- Lurleen B. Wallace Development Center (Mental Health)
- Home Demonstration Agency (Nutrition Consultant)

PRIVATE

- Physicians (Physicals)
- Dentists (Dental exams)
- Athens College (Psychological Services, consultants)

OTHERS

- Abt/High Scope (Evaluation)
- American Association of Pediatrics (AAP) (Health Consultant)

LOCAL

Christmas Charity (Toys, books)
Huntsville Achievement School (Consultant)
Policy Council (Parent Community Group)
Hunt-Madison Co. Mental Health Center (Psychiatric services, consultant)
Teleprompter Cable TV (Rebroadcasting TV)
Huntsville ETV center (Consultant, Production of 5 half-hour TV programs)
Local merchants (Materials)
Health Department (Consultant)
Community Center (Learning Center)
Adult Ed (ABE and CED programs for parents)
Churches (Learning Centers)
TARCOG (Fiscal Agent)
Schools (Learning Center)
TARCOG Human Resources Program (Policy Making)
Aging Program (Tutors and Home Visitors)
Parent Effectiveness Program (Consultant)
Comprehensive Child Care (Consultant, Teacher)
Follow-Through Project (Social workers, consultant)
Huntsville Volunteer Agency (Volunteer Services)
Department of Pensions and Security (Food stamps, commodities, social worker)
Huntsville/Madison Co. Community Action Agency (CAA) (Consultant, workshop planning, recruitment)
DeKalb-Cherokee-Jackson-Marshal County Community Action Agency (CAA) (Consultant-recruitment)

II. ADMINISTRATION AND TRAINING

Planning Process

Responsibility for overall program planning rests with Dr. Kyo Jhin, TARCOG's Director of Human Resources. However, as additional projects have been added to the Human Resources Program, Dr. Jhin has delegated more and more responsibility for Home Start planning and operation to the Home Start Coordinator, Shirley Holland.

The original funding proposal encompassed national Home Start objectives but did not define any specific local goals or objectives. In October, the process of developing such objectives was just beginning. Development of objectives is discussed in Section IV, Family Needs and Program Services.

Activities and referrals for individual families occurs on an informal basis at the biweekly in-service training sessions if there is sufficient time. There is no procedure for reviewing individual families on a regular basis.

Staff Organization

The organization of the TARCOG Home Start staff has not changed since Spring 1972. As discussed under "Program Update," the Program is now fully staffed. At the present time, a staff reorganization is being considered to reflect the program's increased emphasis on the Health and Nutrition Components. This would also contribute to the Career Development of the Teachers. If this reorganization occurs, the Teachers will become Nutrition or Education Specialists, and they will supervise those components. The Coordinator will be in charge of the other health and social/psychological components as well as the Parent Program.

Record-Keeping

The Home Visitors are unanimous in their dislike of paperwork, but all maintain the records required by program management. At present, besides detailed accounting for mileage, these records consist of:

- A daily "diary" in which the Home Visitors record anecdotal summaries of each day's activities. These reports are turned in periodically to the Home Start secretary who makes copies for the filed and returns the report to the Home Visitor.
- A checklist on which the Home Visitors record their activities in each of the Home Start Components. This is a new report which will be submitted biweekly to the secretary, who will maintain a summary chart reflecting activity in each area. This checklist was designed to increase the Home Visitors' awareness of the components other than Education.
- The "Family Referral Worksheet", which the Home Visitors have just begun using to record referrals to other agencies. Ultimately, they will submit these worksheets to the secretary at the end of each quarter and the information will be used to prepare a "Program Referral Report".
- The "Home Start Staff Record", which will be used to record the Home Visitors' weekly time utilization and will be submitted to the Coordinator at the end of each month. This, too, is a new form.

Records of daily activities at the various classrooms are maintained by the Teachers and reviewed by the Home Start Coordinator.

Records at TARCOG's Home Start headquarters consist of those discussed above plus family files (color-coded by pocket area) which contain each family's application form and health records. At present, format of the Home Visitors' diaries and referral records does not allow these records to be filed by family, but the Coordinator is considering changing the system so that the records and reports on each family can be consolidated in the family file.

Some basic demographic data on participating families has been accumulated, but record-keeping clearly was not a high priority item at the TARCOG Home Start Program during the start-up period. Now that the program is operating, reporting and record-keeping will receive more attention.

Staff Training and Development

The entire Home Start staff participated in pre-service training at an intensive two week workshop at the University of Alabama in Huntsville (UAH) August 14-25, 1972.[1]

The majority of the consultants and resource persons who participated in this workshop donated their time. As a result, the entire workshop cost Home Start a mere $300. For an additional $238, nine Home Start staff members and eight Head Start staff members received three semester hours of college credit under UAH's Continuous Education Program.

During the workshop, the Educational Television Center in Huntsville taped 5 thirty minute films: "Goals of National Home Start", "Around the Bend", "Nutrition and Health", "Social and Psychological Services" and "Parent Involvement" which later were shown on ETV throughout the state. In addition, each speaker's workshop presentation was taped, and some were video-taped, for future reference.

Since the Pre-Service Workshop, there have been two in-service training sessions. At the first session, the Coordinator of a local child care project discussed how to demonstrate concepts (size, color, etc.) to children. The second session was more of a business meeting in which basic operating policies and procedures were discussed. A Speech Therapist from the local Rehabilitation Center is scheduled for the next in-service session, and the following session will be devoted to nutrition.

At present, in-service meetings are held biweekly because of the transportation cost of bringing all the Home Visitors to Huntsville. The Coordinator has communicated with the Home Visitors between these meetings via telephone and periodic "Home Start Memorandums". The Home Visitors, however, feel that they need to meet more frequently: and the Coordinator is reconsidering the present schedule.

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[1] For detailed training schedule, see Appendix C.

A Career Development Committee of the Policy Council has been formed. The goals of this committee are:

- To provide in-service training for Home Start staff.
- To provide programs for parents:
  - GED;
  - Adult Education; and
  - Pre-Vocational.
- To help staff and parents establish and reach career goals.

III. PARENT PARTICIPATION

The TARCOG Home Start funding proposal treats its Parent Program as a fifth component, to emphasize the importance of parental involvement to this program. This emphasis was evident as early as the start-up period, when most staffing decisions were postponed so that a Policy Council, with parents representing a majority of the membership, could approve all Home Start personnel. The emphasis continued during the Pre-Service Workshop, when Home Visitors invited parents to attend each session, and a total of 26 parents did so. It is evident still as the Home Visitors strive to create active parent groups in their areas.

Parent attendance at the four Policy Council meetings held to date is growing, after a slow beginning. Only three parents came to the first and second meetings (where applications were reviewed and approved), six came to the third meeting, and there were eight at the most recent meeting. Meaningful parent input into the planning process is still to come. Although a parent serves as temporary chairman of the Policy Council, the agenda is prepared by the Director of Human Resources, who is an *ad hoc* member of the committee; parent participation consists of an occasional seconding of a motion made by one of the community agency representatives. The Home Start staff recognize this problem as one of inexperience and are considering methods of encouraging additional participation.

Parent groups which meet periodically for social activities are viewed by the Home Start staff as an excellent method of increasing parent interest in the program and also as a means of providing parents with the social interaction which so many of them need. Each Home Visitor is encouraging families in her area to form such a group, but interest is reported to be low at this point.

It is possible that the Home Visitors need more time to learn exactly what the families want from such groups, and that the families need more time to recognize that Home Start can involve more than education for their children.

The objectives of the Parent Program were stated in TARCOG's proposal as follows:

- To improve the parents' knowledge and understanding of early childhood developmental tasks and responsibilities.
- To familiarize parents with local agencies and services offered.
- To generate an awareness of family planning.
- To stimulate an interest, and active role, in Home Start and other community activities.

Family groups represent one way to achieve these objectives, but for the most part, they will be accomplished during the Home Visitors' weekly visits to the home. The Home Visitors are aware of the need to involve the parent, and they indicate that in most of their families parent participation is good. There are, of course, a few parents who do not understand their role -- who, in the words of one Home Visitor, view the Home Visitor as a "roving kindergarten teacher". It is clear however that most Home Visitors feel that they should continue to work with Home Start children for an indefinite period regardless of the extent of parental involvement.

A large number of focal parents (23%) are other than natural parents and there are several situations in which one person (a babysitter) serves as the focal parent for children in more than one family. In such cases, the impact of the program is probably less than it might be if the Home Visitor were able to work with the child's natural parents.

IV. FAMILY NEEDS AND PROGRAM SERVICES

A. Program Goals and Priorities

Program goals for TARCOG Home Start were drafted for the original funding proposal and based on national Home Start objectives:

- To involve parents in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children, especially in rural areas.
- To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.
- To determine the relative costs and benefits of center-and-home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

In the Spring, 1972, TARCOG was just beginning to develop specific plans for providing services. Few objectives were written for any service component. Family needs identified by Home Visitors in the Fall (in following section) may present a sketch of typical family needs, but these needs cannot be considered to represent program-wide priorities.

There are priorities, however. The emphasis during the early months of the program has been on the Education Component, with secondary emphasis on health. It appears that the priorities during the coming months are somewhat different. Education will continue to receive major emphasis, but the Health Component will receive increasing attention as the program initiates dental activities. There will also be more emphasis on parent involvement as each

Home Visitor tries to get a parent group started in her area. Nutrition, too, will receive additional attention, but specific directions for this Component are not presently clear, since family needs in this area haven't yet been identified accurately.

These emerging priorities coincide, to some degree, with the major needs cited by Home Visitors. Attention to dental problems is clearly needed, and providing social outlets for parents is a good idea in theory. Although Home Visitors have urged parents to attend group meetings regularly, attendance has been somewhat disappointing; it may be that parents have not yet identified for themselves the importance of their participation in the program. The program's approach to Nutrition will be to distribute brochures and receipes to the parents and to include nutritional instruction in the classroom. This approach is effective when supplemented by personalized attention to the needs of specific families, but while some Home Visitors are providing this attention, it is not presently being provided on a program-wide basis.

The area in which there appears to be the least emphasis is Social and Psychological Services, despite the fact that the Home Visitors identified numerous needs in that area. For the most part, Home Visitors attempt to meet these needs themselves. The program's specific plans here involve services such as social interaction and counseling, which the Home Start staff can provide directly. "We seek help when we need it," says the Home Start Coordinator, "but we prefer to deliver the services ourselves."

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

A total of 88 Family Needs Assessment Sheets were prepared by the TARCOG Home Visitors. For seven families, however, no needs were identified. A summary of the needs reported for the remaining 81 families appears on the following page.

Review and discussion of family needs with the Home Visitors suggest that the Family Needs Assessment Sheets may understate needs in some areas. Home Visitors often thought of additional needs during conversations and they frequently indicated that there probably were areas, such as nutrition, in which they were not yet aware of needs. Conversely, the needs in some areas may be overstated due to a Home Visitor's emphasis on a particular need (e.g., budget planning). Furthermore, as Home Visitors did not consistently prioritize needs, the summary does not reflect severity of need.

The summary does, however, provide a fairly comprehensive list of the needs most prevalent among TARCOG Home Start families.

SUMMARY OF

FAMILY NEEDS ASSESSMENT SHEETS

Health

Problems/Needs	No. of Children
Dental Needs	28
Anemia	12
General Poor Health	6
Cleanliness	5
Vision	5
Speech	6
Ear/Hearing Problems	3
Misc. Special Problems	16
	81

Problems/Needs	No. of Parents
Dental Needs	7
Family Planning	2
General Poor Health	10
Cleanliness	9
Vision	1
Overweight	3
Misc. Special Problems	3
	35

Education

Problems/Needs	No. of Children
Pre-School Experience	15
Encouragement/Emphasis	13
	28

Problems/Needs	No. of Parents
Adult Education	36
Participation	9
	45

Nutrition

Problems/Needs	No. of Children
None Specified	

Problems/Needs	No. of Parents
Better Food/ Diet Planning	23
	23

Social/Psychological

Problems/Needs	No. of Children
Social Interaction/ Outside Interests	9
	9

Problems/Needs	No. of Parents
Housing	17
Social Interaction/ Outside Interests	7
Budget Planning	12
Counseling	12
Employment	10
Clothing	9
Drinking Problems	7
Appliances	4
	78

C. Program Components: Objectives, Services, Needs

1. Education

Objectives - Spring 1972

In June, no specific objectives had been identified for the TARCOG Home Start Education Component. At that time, the primary short-range objective was identifying and recruiting the families who would benefit from this and other components and locating staff for these services.

Objectives Achieved

TARCOG's education services are consistent with general Home Start goals for parents and children. The Home Start Education Component is also designed to promote increased parent involvement in education and pre-school experience for children. This component is patterned after the three-phase model developed by the Appalachian Educational Laboratory (AEL).[1] The major difference between TARCOG's and AEL's approach is TARCOG's use of community facilities rather than mobile vans as classrooms.

The Education Component is built on the "Around the Bend" television series which is broadcast over Alabama's ETV network on weekdays from 8:00-8:30 a.m. and again at 5:30 p.m. Home Start parents are encouraged to watch this program with their children, and the Home Visitors watch it with one of their families every morning, staggering their schedules in order to include all families in this activity. Parent involvement is further encouraged by a weekly "Parent's Guide" developed by AEL and delivered by the Home Visitors.[2] This guide describes each day's program and suggests activities the parent can undertake to supplement the program.

The AEL package also includes suggested Home Visitor Activities and Mobile Classroom Lesson Plans.[2] The TARCOG staff use these materials when planning their own home visit and classroom activities, thus ensuring some uniformity of approach. It is important to understand, however, that the AEL materials serve simply as a starting point. The Teachers devote one day each week to preparing their own overall lesson plans.[1] These plans are then tailored to the needs of the children at each center and, to some extent, on available equipment which varies from site to site. Home Visitors try to plan home visit activities which are responsive to each specific family situation and which incorporate the other elements of the Home Start Program.

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[1] The AEL model education component is more fully described in Case Study I.

[2] Sample in Appendix C.

Emphasis on the Education Component at TARCOG is understandable for several reasons:

- The Human Resources Program of which Home Start is a part is education-oriented.
- Parents were interested in education for their children.
- Availability for AEL materials for immediate use.
- The paraprofessionals were attracted to the program because of their interest in children, and that clearly is the aspect of their work which they enjoy most.

Concentration on the educational aspect of the program is encouraged by the carefully designed package of AEL materials. In no other Component do the staff members have such definitive directions. The Home Start staff members feel that parents expect an emphasis on education, but it should be remembered that recruitment was handled by education-oriented staff members.

Whatever the reasons for this early concentration, the program is moving toward more services in the other components. These moves are detailed in subsequent sections.

Needs - Fall 1972

The needs identified most frequently by the TARCOG Home Visitors when completing the Family Needs Assessment Sheets in Fall 1972 were in the area of education. In 36 families (44%), the Home Visitor feels that at least one of the parents needs further education. An explanation of this need often is not provided, and it is difficult to determine whether this is a critical need or simply a nicety. The reasons stated most frequently relate to increasing the parents' capacity to help their children.

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[1] Sample in Appendix B.

Home Visitors stated in a very general way the needs of children for preschool experience. This need clearly was understated on the assessment forms. In fact, the Home Visitors seem to feel that it is almost a universal need among their families.

Additional Arrangements for Meeting Needs

At the present time, no specific arrangements have been made for providing Home Start parents with additional education; however, the TARCOG Human Resources Program recently received a $34,000 grant which will be used to expand the Adult Basic Education (ABE) capacity of the TARCOG area. While this project will not be directed exclusively at Home Start parents, it represents an additional resource upon which the program can draw. It is also possible that a TARCOG project for the elderly will provide tutors for parents who are enrolled in ABE classes.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

2. Health

Objectives - Spring 1972

Although the original funding proposal describes the health of parents and children as "one of the principal concerns of the Home Start Program", it did not establish specific objectives, and none had been developed in Spring 1972. At that time, it was assumed that the Public Health Department would be the primary source of health services, so Home Start representatives were making initial contacts with the Health Departments in each county.

Objectives Achieved

TARCOG records show that most referrals have been health-related. During its first summer of operation the program spent much time updating medical histories and obtaining physical exams and inoculations for all 3-, 4-, and 5-year-old Home Start children. The responsibility for accomplishing these tasks rests with the Home Visitors, and the process and cost of service varies from county to county. Inoculations are free in all counties through the Public Health Clinic, but the cost of physical exams varies widely. Limestone County is served by a federally-funded medical program which enables Home Start to obtain physical exams for all children free of charge.

The program encountered some difficulty in locating a Madison County physician who would also serve as the Home Start/Head Start consultant. Dr. Joseph Judge, the AAP representative assigned to the TARCOG project, was very helpful in locating a cooperative physician after the initial choice proved to be non-responsive to the needs of the program. Even so, the cost of physical exams in Madison County ($17/child) far exceeds the average ($10) in the other three counties.

Needs - Fall 1972

Only 13 Family Needs Assessment Sheets (16%) fail to list a health need. By far the most prevalent need is in the area of dental care, which is cited as a need for the children in 28 families (34%) and for parents in 7 families (9%).

Health

Problems/Needs	No. of Children
Dental Needs	28
Anemia	12
General Poor Health	6
Cleanliness	5
Vision	5
Speech	6
Ear/Hearing Problems	3
Misc. Special Problems	16
	81

Problems/Needs	No. of Parents
Dental Needs	7
Family Planning	2
General Poor Health	10
Cleanliness	9
Vision	1
Overweight	3
Misc. Special Problems	3
	35

Additional Arrangements for Meeting Needs

In late Fall 1972, most of the Home Start children had received their physical examination and inoculations, and the majority of those who had not received these services had appointments to do so in the very near future. As they approached attainment of this informal objective, the Home Start staff were planning to begin scheduling children for preliminary dental check-ups -- another service which will have to be obtained from private sources. The current objective in the health area is to complete these dental examinations (as well as the remaining physicals and immunizations) by mid-December.

The dental problems of Home Start children, the most prevalent health need, will be addressed in a broader way during November. The children will receive basic dental hygiene instruction in the classroom, using toothbrushes and toothpaste fluoride treatment donated by a local dentist. Ultimately, the Home Start Coordinator plans to have health education included in the weekly classroom lesson plans on a regular basis.

The extent to which Home Start can address the other health needs identified on the Family Needs Assessment Sheets will be determined primarily by budgetary constraints. The first priority of the program, as reflected by the preliminary activities, is providing basic examinations to the focal children (defined as all 3-, 4-, and 5-year olds). The second priority is follow-up or treatment of problems discovered during these preliminary examinations. Examination and treatment of siblings is the third priority, if funds are available. The exact status of the medical/dental budget was not known in late October, but the assumption was that expenditures were well within the budgeted amounts ($30/child for medical, $22/child for dental). Clearly, there are sufficient funds to provide the first-priority service even though the program is serving 95 families rather than 80. Having achieved this objective, however, it may be necessary to evaluate the severity of individual situations in order to allocate funds between follow-up treatment of target children and service to siblings. At the present time, the program does not appear to have clearly defined procedures for making such decisions.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

3. Psychological/Social Services

Objectives - Spring 1972

No specific goals or objectives had been established for the Psychological/ Social Services Component in June. Home Start personnel's short-range objective in this area was to identify possible sources for future referrals.

Objectives Achieved

In the counties served by a Community Action Agency (all except Limestone), the local Outreach Workers have been extremely cooperative, as have representatives of the Department of Pensions and Securities. Each Home Visitor is continuing to identify the resources avail[illegible] in her area.

While referral sources have been established, referrals appear to depend on the ingenuity and initiative of Home Visitors. Referrals to date have included the following services:

- Housing: Although housing assistance basically is beyond the scope of the Home Start Program, at least one Home Visitor has referred a family to the Local Housing Authority to investigate the availability of public housing.
- Jobs: Several Home Visitors have obtained jobs for parents and one Home Visitor has obtained an informal commitment from an employer to provide employment for any qualified Home Start parent.
- Clothing and appliances: These have been obtained through local charities and one Home Visitor has determined that used heaters are available at minimal cost ($5.00) from the local butane gas distributor.

Some of the social and psychological needs identified will be addressed directly by the Home Start staff. The weekly classroom experience provides social interaction for Home Start children. The home visits provide social contact for children and parents, and the parent activities which Home Start is initiating will present numerous social opportunities for isolated families.

Needs - Fall 1972

The most common need in this category is better housing, which is cited for 17 families (21%), followed by the need for social interaction -- both for children (9) and parents (7). Budget planning and counseling were identified as needs for several parents (12).

Social/Psychological

Problems/Needs	No. of Children
Social Interaction/ Outside Interests	9
	9

Problems/Needs	No. of Parents
Housing	17
Social Interaction/ Outside Interests	7
Budget Planning	12
Counseling	12
Employment	10
Clothing	9
Drinking Problems	7
Appliances	4
	78

Additional Arrangements for Meeting Needs

This is the least cohesive of the program's components. Each Home Visitor is continuing to identify the resources available in her area. Budget planning, while recognized as an important need, is not being provided at present. No resource has been identified. The same is true of attempting to help families solve drinking problems.

Many of the counseling needs identified involve parent-child relationships -- an area in which the Home Start Coordinator has extensive experience.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

4. Nutrition

Objectives - Spring 1972

No nutritional objectives had been established in Spring 1972.

Objectives Achieved

At present, the nutritional aspects of the Home Start Program consist of (1) mailing of recipes utilizing commodity foods and (2) providing nutritious snacks in the classrooms. Ultimately, the responsibility for addressing nutritional needs in the homes will rest primarily with the Home Visitors. They received some training in this area during the Pre-Service Workshop, but all of them express an interest in additional, and more intensive, training. The local Home Demonstration Agent, who participated in the workshop, has offered to help and will make a presentation at an in-service training session soon. The Home Start Coordinator is ordering nutritional pamphlets, charts and brochures -- most of them free of charge -- from sources such as the Florida Department of Citrus, the National Dairy Council and the Kellogg Company. This literature will be distributed to parents by Home Visitors as an entree to discussion about nutrition.

Needs - Fall 1972

Needs in nutrition are stated in very general terms and are based entirely on the Home Visitors' observations while in the home. Moreover, these needs may be more widespread than assessment sheets indicate since several Home Visitors don't yet feel comfortable enough with many families to broach the subject of nutrition. Home Visitors identified nutrition as a need for entire families rather than some for children and others for parents.

Additional Arrangements for Meeting Needs

In addition to in-service training in nutrition for Home Visitors, the Home Start Coordinator also plans to develop nutritional modules which can be incorporated into the weekly classroom lesson plans. One of the Teachers, both of whom have a background of Home Economics, will be assigned responsibility for developing this module.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

APPENDIX A

CASE STUDY I - SUMMARY

Spring, 1972

1/2

TARCOG HOME START PROGRAM

ALABAMA

Summary - June 1972

TARCOG is a multi-county planning district which was created in 1968 to attack problems shared by five counties in the Northeastern corner of Alabama. Home Start, which is part of TARCOG's Human Resources Program, will serve families in each of the five counties. By "clustering" approximately 15 families in six "pocket" areas --- two in populous Madison County, one in each of the other counties --- the Program will reach 80 to 90 families.

Staff

When operative, the Home Start Program will be staffed by a Co-ordinator, two Teachers, two Teacher Aides, six Home Visitors, and a Secretary. The Director of the Human Resources Program will provide overall supervision and guidance. In early June, 1972, however, the Home Start staff consists of one Teacher, and one Teacher Aide.

Staff Training

Both staff members attended the National Home Start Conference in St. Louis, but there has been no other staff training. Present plans call for a three-day orientation session in late June and a full-scale in-service training session in August.

Services

Many of the coordinating arrangements needed to ensure adequate services for Home Start families have not been completed, but they are being developed. The primary sources of such services are the Public Health Department, the Department of Pensions and Securities, and the two CAAs which serve four of the five counties. Relations with one CAA are quite good, but there is some tension between Home Start and the CAA headquartered in Huntsville --- primarily due to competition over Home Start sponsorship.

Health

The health of parents and children is described as "one of the principal concerns of the Home Start Program". The County Health Departments and private physicians will be the principal sources of health care. Representatives of the Health Depar ment currently are being contacted to discuss the coordination necessary to maximi the medical services received by Home Start families.

Social and Psychological Services

The primary deliverer of services associated with this component will be the Depar ment of Pensions and Securities in each county. In addition, the CAA which serves three TARCOG counties sponsors a Mental Health Program. Home Start staff members are contacting these organizations to determine specifically what services are available.

Nutrition

This component will be "aimed primarily at helping parents make the best use of fo resources through food planning, buying and cooking." The primary resource will be the Home Demonstration Agents in each county, who will train the Home Visitors in addition to becoming personally involved with the families.

Education

The three-phase (TV, home visitation, classroom experience) Early Childhood Education Program developed by the Appalachian Educational Laboratory (AEL) serves as the model for the TARCOG Home Start education component. The AEL model uses mobile classrooms, but TARCOG's budgetary constraints prevent the purchase of such classrooms. Home Start classes will, therefore, be held in community centers located in each pocket area.

Broadcasts of "Around the Bend", the AEL-developed program which will be used for the television portion of the component, will begin in September.

Parent Participation

The general objective of this component is "to prepare the parent to prepare the child." Basically, this objective will be approached in two ways. First, the Home Visitors will interact with the parent during each home visit. Second, parent meetings will be scheduled on a regular basis.

In addition, active parent participants on the Home Start Policy Council will be encouraged. In fact, one reason for the staffing delay is the desire to have all staff approved by the Policy Council, which cannot be formed until families have been recruited.

Program Goals and Objectives

The overall goals of the program are described in the initial funding proposal as encompassing the following national objectives:

- To involve parents in the educational development of their children.
- To strengthen in parents their capacity for facilitating the general development of their own children, especially in rural areas.
- To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.
- To determine the relative costs and benefits of center- and home-based comprehensive Early Childhood Development Programs, especially in areas where both types of programs are feasible.

In early June, 1972, more specific objectives have not been established. The immediate tasks at hand are to identify suitable pocket areas, to recruit families and to locate and train additional staff.

APPENDIX B

TARCOG HOME START POLICY COUNCIL

- Membership
- By-Laws

TARCOG HOME START
POLICY COUNCIL MEMBERS

Parent Representatives (10)

DeKalb County:	Mr. Aubrey Winkles To be selected
Jackson County:	Mrs. Lillie Cullins Mr. Roy David McLain
Limestone County:	Mrs. Bernice Farrar Mrs. Sarah Ruffin
Madison County:	Mrs. Katie Draper Mrs. Edith Steger
Marshall County:	Mrs. Nancy Nesmith Mrs. Mary O'linger

Community Agency Representatives (9)

Miss Johnnie Bell	Director, Jackson County Department of Pensions and Securities
Mrs. Ethelyn Brewster	Assistant Coordinator, Cherokee-DeKalb-Jackson-Marshall County CAC
Mrs. Mildred Fanning	Administrative Assistant, Madison County Board of Education
Mrs. Linda Haney	Casework Supervisor, Limestone County Department of Pensions and Securities
Mrs. Maxine Johnson	Home Demonstration Agent, Marshall County
Mrs. Mary Ann Kincaid	Nursing Supervisor, Limestone County Health Center
Mrs. Shirley Leberte	Voluntary Action Center, Huntsville
Mrs. Jane Reed	Director, Huntsville - Madison County Head Start
Mr. Russle	Director, DeKalb County Health Center

TARCOG HOME START
POLICY COUNCIL
BY LAWS

ARTICLE I.

Name of Policy Council

A. The name shall be the Top of Alabama Regional Council of Governments Home Start Policy Council

ARTICLE II.

Objectives (Purpose)

A. To involve the whole community, parents, laymen and professionals in encouraging, guiding, and advising the Home Start program.

B. The Council shall set its goals to assure the fullest development of the children and their parents in the program.

C. The Council shall work in cooperation with the Grantee in the formulatio and writing of the proposals for funding to include any suggestions that they think might be helpful for the programs.

ARTICLE III.

Members

SECTION I. Composition of the Council

A. The Policy Council shall be composed of at least 50% or more parents and 50% or less professionals and community representatives.

SECTION II. Selection of Members.

A. The Parents, Grantee, and Delegate Agency will nominate not more than 19 persons for members on the Council which will be approved by the Council in office and the TARCOG Human Resources Program.

SECTION III. Tenure of Members

A. The members may be selected to **serve** for one year, but not more than three consecutive years.

SECTION IV. Voting Rights

A. Only members of the Council or their authorized delegate are eligib to vote. Visitors and observers may participate in the discussions but have no voting rights.

SECTION V. Termination of Members

A. Three consecutive absences without approved excuse of the Council.

B. A change of status such as employment in the program.

SECTION VI. Alternates

A. Each County must select two (2) alternates from the Parent representatives in order that attendance will be good. The professional and community representatives can send an alternate of their choice.

ARTICLE IV.

Officers

SECTION I. Names

A. Chairman
B. Vice-Chairman
C. Secretary-Treasurer

SECTION II. Election and term of office

A. The officers shall be elected democratically, for one year, and shall serve no more than three (3) consecutive years.

B. Nominating committee will be elected one month before annual meeting.

SECTION III. Duties

A. The Chairman shall preside and keep order.

B. The Vice-Chairman shall reside in the absence of the Chairman or inability of the chairman.

C. The secretary shall record the preceedings of the meeting and keep record of the Parent Activity Fund.

ARTICLE V.

Quorum

A. The quorum shall constitute 1/3 of the council membership.

ARTICLE VI.

Meetings

SECTION I. Regular meetings

A. Regular meetings shall be held the 3rd Friday of alternate months, at 11:00 a.m.

SECTION II. Special Meetings

A. Special meetings may be called by the Policy Council or the Human Resources Home Start staff.

SECTION III. Place of Meetings

A. The Council will hold meetings among the five counties served by the Home Start Program on a rotation basis.

SECTION IV. Notices of Meetings

A. Written notices will be sent to all council members seven (7) days prior to each regular and special meeting.

SECTION V. Annual Meeting

A. The annual meeting will be held in March.

AMENDMENTS

These by-laws can be amended and repealed and new ones formed by a vote of majority of members.

APPENDIX C

- PRE-SERVICE WORKSHOP
  - Participants
  - Daily Schedule
  - Parent Attendance
  - Total Attendance

Participants in the TARCOG Home Start Workshop

A. National
  1. Dr. Ann O'Keefe, Director, National Home Start, Office of Child Development
  2. Miss Florence Seguin, Home Start Program Associate, Office of Child Development

B. Regional
  1. Dr. Roy Alford, Coordinator, Early Childhood Education, Appalachia Educational Laboratory
  2. Mrs. Joyce Bacon, Community Representative, Office of Child Development
  3. Dr. Benjamin Carmichael, Executive Director, Appalachia Educational Laboratory
  4. Mrs. Barbara Hatfield, Home Visitor, Appalachia Educational Laboratory
  5. Mr. Jim Shelton, Parent Involvement Director, Office of Child Development
  6. Mrs. Linda Thornton, Diffusion Director, Appalachia Educational Laborator

C. State
  1. Mrs. Louise Higgins, Early Childhood Education, Alabama State Department of Education

D. Area
  1. Miss Johnnie Bell, Director, Department of Pensions & Security, Jackson County
  2. Mrs. Ethelyn Brewster, Assistant Coordinator, Cherokee-DeKalb-Jackson-Marshall Counties Community Action Agency
  3. Mr. Aubrey Clemens, Superintendent, Jackson County Board of Education
  4. Dr. Mary Jayne Eaton, Chairman, Department of Psychology, Athens College
  5. Dr. Otis F. Gay, Director of Public Health, Madison County
  6. Dr. Joseph Judge, Pediatric Consultant, Anniston, Alabama
  7. Mrs. Mary Ann Kincaid, Nursing Supervisor, Tri-County District Health Service
  8. Ms. Maretta McMurry, Marshall County Mental Health Center
  9. Dr. Ruth Peet, Private Physician, Scottsboro, Alabama
  10. Mr. James Russell, Health Administrative Assistant, DeKalb and Jackson Counties Health Department
  11. Mrs. Marthelle Stover, Coordinator of Diagnostic & Evaluation/Treatment Services, Lurleen B. Wallace Development Center
  12. Mrs. Willadean Weaver, Outreach Director, Marshall County Community Action Committee

E. Local
  1. Mrs. Edith Bates, Madison County Head Start Parent
  2. Mrs. Earline Britt, Casework Reviewer, Madison County Department of Pensions & Security
  3. Mrs. Rosemary Burton, Madison County Head Start
  4. Mrs. Sue Christiansen, Coordinator, Comprehensive Child Care
  5. Dr. John D. Dickenson, Dentist, Huntsville, Alabama
  6. Dr. Harry Engle, Chairman, Department of Education, The University of Alabama in Huntsville
  7. Mrs. Elizabeth Harris, Huntsville Follow Through Parent

8. Mr. Joe Estes, Minister of Education, Latham United Methodist Church, Huntsville, Alabama
9. Miss Shirley Holland, Coordinator, TARCOG Home Start
10. Mrs. Gwen Hulsey, Supervisor of Neighborhood Health Center, Huntsvill
11. Dr. Kyo R. Jhin, Director, TARCOG Human Resources Program
12. Mrs. Shirley Leberte, Director, Huntsville Voluntary Action Center
13. Mrs. Margaret Lee, Teacher Aide, TARCOG Home Start
14. Mr. David Marxer, Director of Educational Media, Public Schools Educational TV Center
15. Mr. Dean Y. Matthews, Executive Director, TARCOG
16. Mrs. Phyllis Matthews, Psychometrist, Huntsville Achievement School
17. Miss Jacquelyn Outlaw, Extension Agent, Auburn University
18. Mr. Alex Readus, Huntsville Follow Through Parent
19. Commissioner James Record, Chairman, TARCOG Human Resources Program
20. Mrs. Margaret Record, Food Service Supervisor, Huntsville City Board of Education
21. Dr. Roger Rinn, Coordinator of Outpatient Service, Huntsville-Madison County Mental Health
22. Mrs. Sandra Rooks, Teacher, TARCOG Home Start
23. Mrs. Claudell Shippey, Speech Specialist, Huntsville Follow Through Program
24. Mrs. Becky Smith, Teacher Aide, TARCOG Home Start
25. Mrs. Paulette Spicer, Teacher, TARCOG Home Start
26. Mr. Merron Tibbs, Director of Model Cities Instructional Activities, Huntsville City Board of Education
27. Miss Carol Trice, Social Service Worker, Madison County Department of Pensions & Security
28. Mrs. Jean Wright, Social Services Coordinator, Huntsville Follow Through Program

Training Program for Home Visitors

August 14 - 25
Huntsville, Alabama

August 14 Morning

"COG", Film description of TARCOG Programs

Early Intervention in the Home, Dr. Benjamin Carmichael, Executive Director of Appalachia Educational Laboratory

Description of TARCOG Home Start, Dr. Kyo R. Jhin

Afternoon

Curriculum Planning for Paraprofessionals, Mrs. Joyce Bacon, Community Representative, OCD

Role of TARCOG Home Start Staff--Duties and Responsibilities

Daily Evaluation

August 15 Morning

Alabama Plan for Child Development

Child Development--Ages and Stages 3-6 Years, Mrs. Marthelle Stover

Afternoon

Screening or Diagnosis in Child Development, Dr. Mary Jane Eaton, Department of Psychology, Athens College

How to Visit and Work with Home Start Families (What Not to Do)

Daily Evaluation

August 16 Morning

Introduction to "Around the Bend" (film), Dr. Roy Alford, Coordinator, Early Childhood Education, Appalachia Educational Laboratory

Tape Presentation--"Around the Bend"

Afternoon

Problems Home Visitors May Face, Mrs. Barbara Hatfield, AEL Home Visitor

Use of Curriculum Materials (Home Visiting Techniques--Education)

Daily Evaluation

August 17 Morning

Videotape Presentation "Around the Bend" and related printed materials

How Children Learn (Sensory-Cognitive Development) Mrs. Phyllis Matthews, Psychometrist, Huntsville Achievement School

Afternoon

Developing a Positive Self-Concept in the Pre-School Child: Dr. Harry Engle, Chairman, Department of Education, The University of Alabama

Speech Development in Children: Mrs. Claudell Shippey, Speech Specialist, Follow Through Program

Parent Involvement: Mr. Jim Shelton, Parent Involvement Director, Office of Child Development

Daily Evaluation

August 18 Morning

Program Objectives (Cognitive, Social, etc.): Dr. Roy Alfred

Workshop sessions (Role playing), How to Read a Book: Appalachia Educational Laboratory Staff

Afternoon

Workshop Sessions (Role playing)

Home Start Record Keeping, "Down One Hollow, Up Another" (film)

Daily Evaluation

August 21 Morning

Parent Effectiveness: Mr. Joe Estes, Minister of Education, Latham United Methodist Church, Huntsville

Maximizing the Use of Television for "Around the Bend," Home Visits Mr. David Marxer, Director of Educational Media, Public Schools Educational TV Center

Afternoon

Snacks for Health: Mrs. Margaret Record, Food Service Supervisor, Huntsville City Board of Education

Importance of Movement to Child Growth & Development: Mr. Merron Tibbs, Director of Model Cities Instructional Activities

Daily Evaluation

August 22 Morning

Goals of National Home Start: Dr. Ann O'Keefe, Director, National Home Start, Office of Child Development

Discussion: Dr. Ann O'Keefe, Miss Florence Seguin

Afternoon

Basic Nutrition Education: Dr. Ruth Peet, Scottsboro, Alabama

Buying Foods--Getting the Most for Your Dollar: Miss Jacquelyn Outlaw, Extension Agent, Auburn University

Daily Evaluation

August 23 Morning

Health & Medical Record Keeping: Dr. Joseph Judge, Pediatric Consultant, Anniston, Alabama

Dental Health: Dr. John D. Dickenson, Huntsville

Afternoon

Work Session in Art & Music for Pre-School Children: Mrs. Sue Christiansen, Coordinator, Comprehensive Child Care

Health Department Panel--Services

Daily Evaluation

August 24 Morning

Social Service for Pre-School Children: Mrs. Jean Wright, Social Services Coordinator, Follow Through and Mrs. Earline Britt, Casework Reviewer, Madison County Department of Pensions & Security

Psychological Service for Pre-School Children: Ms. Maretta McMurry, Mental Health Center, Marshall County and Mrs. Jean Wright

Afternoon

Practical Aids for Home-Health Care (Buying and Treatment): Mrs. Gwen Hulsey, Supervisor of Neighborhood Health Center, Huntsville

Child Management: Dr. Daun Adams, Ph. D., Coordinator, Consultation and Educational Services for Huntsville Mental Health Center

Daily Evaluation

August 25 Morning

Community Services (How You Can Get Referrals) Panel

Community Services Panel

Afternoon

Typical Problem Solving Session (Referrals)

Daily Evaluation

Conference Evaluation and Summary: Dr. Kyo R. Jhin and Miss Shirley Holland

APPENDIX D

"AROUND THE BEND" SUPPORT MATERIALS

- Parents' Guide (AEL)
- Home Visitor Activities (AEL)
- Mobile Classroom Lesson Plan (AEL)
- Classroom Lesson Plan (TARCOG)

around the bend
PARENTS' GUIDE

Volume 1 Activities for Use with "Around the Bend" TV Lessons Number 3

Getting the Feel of Things

This week your child will be introduced to some foreign customs. He will be given the opportunity to listen to music and see objects from Africa, Scotland, and China.

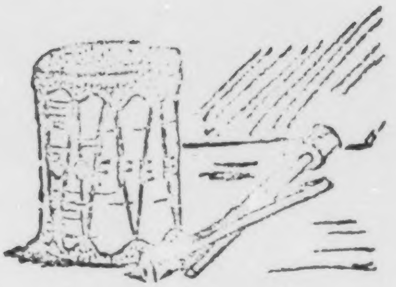
Your child will be asked to identify and distinguish between animal sounds, to recognize shapes, and to follow directions. He will also be asked to tell how different objects feel as he touches them.

He will be developing his vocabulary as he learns the names of objects and materials and describes how they feel. For example, a child touching a kitten and a metal cup will know that they feel different to the touch, but it may be necessary to supply him with the words soft and hard (or fluffy and smooth). It is important that you help your child learn new words which he needs to describe his experiences.

Music Around the World

∘ What It's About: Patty will take the children on an imaginary trip to Africa, Scotland, and China. She will invite the children to clap to various rhythms. The numerals 1-10 will be reviewed.

—More Monday Activities on Page 2

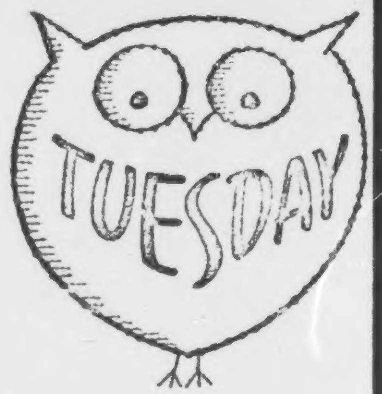


Monday Activities—Continued

Patty will beat out a rhythm pattern on a drum. The drum is one of the favorite musical instruments of young children. A simple way to make a drum for your child is to cut both ends out of a metal coffee can, cover each end with a round piece of inner tube that extends over the edge of the can about two inches, and lace the two pieces of inner tube together with plas clothesline or heavy string.

A wooden spoon makes a s drumstick for the very you The child who has had prac handling many different obj may safely use a piece of woo dowel rod that has had the sh edges sanded.

Who's Going to Get the Blue Ribbon?



- What It's About: Patty will talk about some animals that will be at the State Fair. She also will talk about high sounds, low sounds, and the sounds that different animals make. Tom visits Patty. Concept of 3 will be developed.

Patty will talk about HIGH sounds and LOW sounds. She will ask your child to stretch up high when he hears a high note, and she will ask him to stoop down low when he hears a low note.

Talk with your child about the meaning of HIGH and LOW. In the activity your child will do with Patty, HIGH will be used in referring to both a HIGH SOUND (the high note he will hear) a HIGH PLACE (as he stretches his hands high his head). LOW will be used in referring to bo LOW SOUND (the low note he will hear) a LOW PLACE (as he stoops down low).

SOMETIMES I'M VERY TALL
(Stand up)
SOMETIMES I'M VERY SMALL
(Stoop down)
SOMETIMES TALL (Stand up)
SOMETIMES SMALL (Stoop down)
GUESS WHICH I AM NOW!
(Either stand up or stoop down)

Your child needs an opportunity to develo understanding of the meaning of words. A ch understanding of a word is based on his experi Therefore, it is necessary to provide opportu for the child to engage in activities which expand his experiences.

The game in the box to the left can be use extend the activity your child will do with P

Tell your child that you are going to close eyes so you can't see whether he is standing u stooping down. Say the poem together as he st up and stoops down.

At the end of the poem, while you still your eyes closed, guess whether the chil standing up or stooping down. Your child want to take turns guessing, so get limbered u this one!

Cookies for the Fair

- What It's About: Patty will make cookies to take to the State Fair. The children will be asked to sing "If You're Happy." Freddie will sing "Put Your Finger in the Air." Linda will visit.

- Materials Needed: Activity Sheet B-7.

Patty will make cookies. She will ask your child to use his paper cutouts that look like cookies. Recognizing how objects are the SAME is the skill that is being developed in this activity.

Recognizing likenesses and differences is a necessary skill which will be used later when your child begins to read.

Patty will ask your child to find a circle, to find a picture that looks the same, to find a picture that has points, to find the only picture with scallops around the edge of it, and to find the one that looks like this (as she shows him a crescent). Cut out the paper cookies before the program starts.

Making cookies with your child is a worthwhile activity. It can give you an opportunity to help him understand the meaning of measurement as you help him use a measuring cup and other utensils needed to make the cookies.

The fact that he will eat some of the cookies gives the experience additional meaning. A child often learns best through using familiar things in his own home. Then it is not necessary for him to learn to feel at ease in a new situation while he is learning a new skill. This is one of the reasons that parents can be such effective teachers.

The following recipe is easy to use. Enjoy the activity with your child. Let him do as much of the pouring, measuring, etc., as possible. He learns most when he is doing instead of watching.

You will need to get the ingredients and utensils out on a table before starting. You will also need to tell him what to do NEXT.

Vanilla Cookies

You will need:
3 cups of sifted all-purpose flour
1/2 teaspoon of salt
1/2 teaspoon of baking powder
2/3 cup of shortening
2/3 cup of sugar
2 eggs
1/2 teaspoon vanilla
3 tablespoons of milk

Instructions:

1. Sift flour, salt, and baking powder together in a bowl.
2. In another bowl cream the shortening and add the sugar.
3. Stir in unbeaten eggs, vanilla, and flour mixture until smooth.
4. Add milk and press dough into a firm roll.
5. Chill the dough in the refrigerator for at least an hour.
6. When the dough is firm, roll it out flat on a lightly floured board until it is 1/4 inch thick. Roll only a little at a time.
7. Cut out cookies, using cookie cutters or the rim of a glass.
8. Place cookies on a greased cookie tin.
9. Bake them in a moderately hot oven (375 degrees) for seven or eight minutes.
10. Take them out of the oven and let them cool. (They are pretty with frosting decorations.)

Day of the Fair

- What It's About: Patty and Linda will go to the State Fair. Will their cookies win a blue ribbon? Patty will ask the children to move to music.

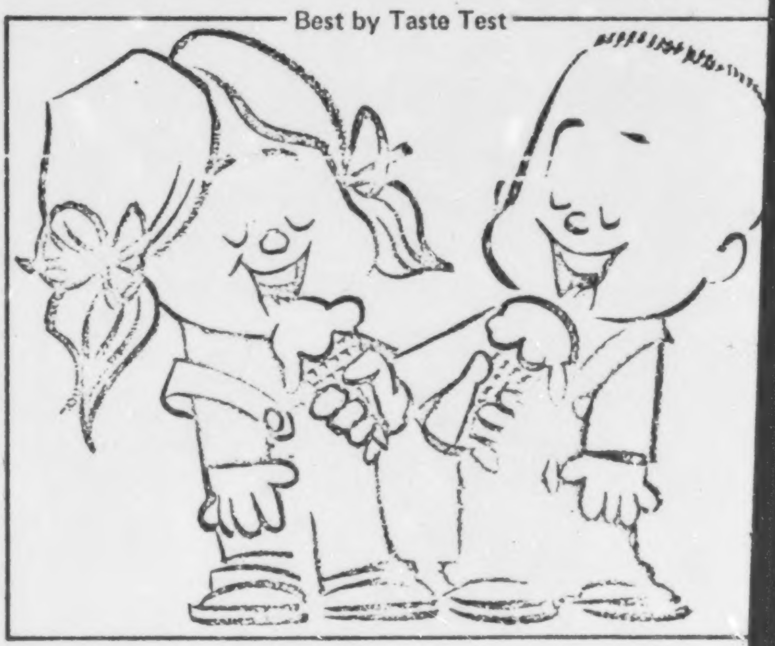
Patty is getting ready for the fair. She discusses things that can be seen at the fair. Patty and Linda go to the fair, where they see different exhibits and activities. Their baked goods win a prize. If your child has been to a fair, encourage him to talk abou it and to compare his experience with those of Patty and Linda.

How Does It Feel?

- What It's About: The children will be asked to touch various items see how they feel. A soft and fluffy kitten, Muffin, will be at Patty's hous Patty will read My Bunny Feels Soft. The children will learn to recognize t letter O. The concepts of SAME and DIFFERENT will be developed.

- Materials Needed: Fabric samples.

Best by Taste Test

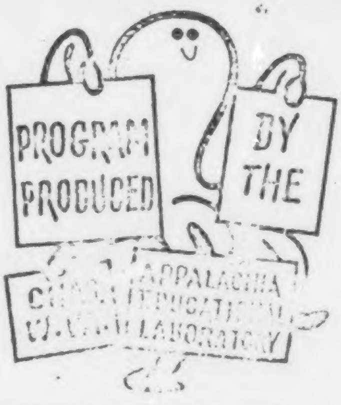


Your child will use the bag of fabric samples with Patty. Patty will ask him to close his eyes and touch the material to see how it feels, find two pieces that feel the same, find material that feels bumpy (dotted swiss), slippery (taffeta), and scratchy (burlap). Net, corduroy, and velvet will also be used.

The purpose of the activity is to help develop your child's awareness of the differences in the way objects feel when he touches them.

He also will learn to use the words that describe how the objects feel.

Throughout the year, Patty will talk about the five senses: touch, taste, smell, hearing, and seeing. Your child will need a rich background of experiences as he develops his learning skills. You can help by providing him with as many opportunities as you can which require him to use his five senses.



Young children like to p guessing games. Let him close eyes and guess what he is feel tasting, smelling, or hearing. not expect him to continue game for a long period of ti Stop while it is still fun. Let know that you will play game again soon.

AROUND THE BEND
BOX 1348
CHARLESTON, W. VA. 25325

Home Visitor Activities

DATE: Vol. 1, No. 3 APPALACHIA EDUCATIONAL LABORATORY, INC.

Step 1 On Wednesday Patty will ask the child to take part in an activity that will help him recognize shapes that are the SAME. You can help reinforce the concept by encouraging the parent to find sets of two objects. The two objects in each set will be the SAME (two spoons, two cups, two clothespins, etc.). Mix the objects and ask the child to find two that are the SAME. (This may be as far as the three-year-old can go.)

Step 2 If the task in Step One is easy for the child, use the sets of measuring cups and spoons included in your materials this week. Ask the child to put the ones together that are most alike. He may be able to classify the cups in one group and the spoons in another. If he has difficulty, help him succeed, but go no further with the activity. For example, when you show the child the measuring cups and spoons, and you say, "Put the ones together that are most alike," he will be grouping the cups together and the spoons together. This is classification. (This may be as far as the four-year-old can go.)

Classification, which requires the ability to recognize likenesses and differences between objects and to group them accordingly, is easier for the child than arranging objects in order. Seriation is the term used by educators which refers to arranging objects in order. Seriation is more difficult for the child because it requires the ability to compare objects so they may be arranged in a series according to a specified order.

Step 3 The next step in terms of difficulty will be to remove the spoons and place the cups before the child without placing them in any particular order. "Which cup is biggest?" "Which is next biggest?" Encourage the child to arrange the cups in order from largest to smallest.

Step 4 Repeat the same activity with the spoons. Do not go to the next step of any of these activities if the child is unable or unwilling to do so. The young child is easily frustrated and easily discouraged if he senses that he is expected to do more than he is able to do. The more advanced steps are given for the child who needs more difficult tasks.

Step 5 "Let's match them up. Put the biggest spoon in the biggest cup." "Put the next biggest spoon in the next biggest cup." Continue the activity until all of the spoons and cups are matched. (This may be as far as the five-year-old can go. Encourage the child, but do not push.)

AROUND THE BEND
BOX 1348
CHARLESTON, W. VA. 25325

Home Visitor Activities

Page two
DATE: Vol. 1, No. 3 APPALACHIA EDUCATIONAL LABORATORY, I

Step 6 Place the spoons in a row from largest to smallest. Point to one of the cups (skip around from one size to another). "Can you find the right spoon for this cup?" "Can you find the right spoon for this one?"

Step 7 Mix up the spoons and cups. "Can you find the right spoon for this cup now?" "How about this one?"

Step 8 Mix up the spoons and cups. "Can you find the biggest cup, put the biggest spoon in it, and put it here?" "Can you find the next biggest cup, put the nex biggest spoon in it and put it by this one?" (Points to the one he did first.) Continue until he has arranged them all in order from largest to smallest.

The following is a brief outline of Steps one through eight in order of difficu

Step 1 - Two objects that are the same.
Step 2 - Cups in one group, spoons in another.
Step 3 - Arrange cups, largest to smallest.
Step 4 - Arrange spoons, largest to smallest.
Step 5 - Match spoons and cups by size.
Step 6 - Arrange spoons, largest to smallest. Have child find cup to go with spoon.
Step 7 - Mix spoons and cups. Match.
Step 8 - Mix spoons and cups. Match and arrange **largest to smallest**.

- Measuring cups and spoons were chosen for the activity because they may be avai in some of the homes you visit. Encourage the parent to help the child; howeve the parent needs to understand what to do. The parent should also understand t the games being played involved play with a purpose. The purpose is to give th child concrete experiences that will provoke thinking. Let the child think for himself. Give him plenty of time. Remember, watch closely so that you will be aware when a child loses interest or becomes confused. There will always be another day! Stop while the child is still interested, and he will want to pla the game again another day.

MOBILE CLASSROOM LESSON PLAN

DATE: Vol. 1, No. 3

Goals	Suggested Activities	Suggested Materials	Evaluation and Comments by Mobile Classroom Teacher
The child listens/ reacts to music.	Child listens to music, watches sound activated lights, and moves to the music appropriately.	Record: "Classroom Rhythms," Classroom Materials Co.; Sound Activated Lighting System	
The child distinguishes between and reacts to high sounds and low sounds.	Child identifies which sound is high and which sound is low. He responds by stretching high or bending low.	Xylophone, recorder, bells, song flute	
The child follows simple directions.	Play "Simon Says," paste various shapes on paper, give indirect instruction with free time activities.	Paste, paper, cutout and shapes, scissors	
The child distinguishes between SAME and DIFFERENT.	Children find objects that are the same in a set or find one that is different. Identifies letters that are the same in a set.	Flannel board and cut-out geometric shapes, flannel letters.	
The child expresses and/or describes feelings and emotions.	Child identifies the emotion being shown in various pictures of people. He then tells what would make a person feel that way.	Instructo set, "understanding Our Emotions"	
SUGGESTED STORIES Steiner, Charlotte, My Bunny Feels Soft, Knopf. "Three Little Pigs"			

11:55 - 12:00 XI. Clean up and Goodbyes

Alternate Activities for Week No. 3

1. Read a Story
2. Reinforce high-low sounds

Sample Classroom Lesson Plan

Week #3

9:30 - 9:45 I. Quiet games
A. Puzzles, books
B. Housekeeping
C. Crayons and paper

9:45 - 10:00 II. Seated Activity
A. Understanding our emotions
1. Show various pictures of people
2. Discuss what would make a person feel that way
3. Let them tell how they would feel at certain times

10:00 - 10:15 III. Music
A. Listen to music, have free movement
B. Use piano, or other musical instruments, have child distinguish between high and low sounds.
C. Repeat one of the songs learned last week.
1. "Where is Thumbkin?"

10:15 - 10:20 IV. Get ready for snacks
A. Bathroom
B. Wash hands

10:20 - 10:40 V. Snacks
A. Eat
B. Socialize

10:40 - 10:45 VI. Clean up

10:45 - 11:00 VII. Story about emotions
A. Discussion
B. Dramatization

11:00 - 11:30 VIII. Outside Play
A. Organized play (20 minutes)
B. Free play (10 minutes)

11:30 - 11:35 IX. Quiet game
A. Relaxation exercise

11:35 - 11:55 X. Art discovery
A. Clay
B. Paint
C. Play "Simon Says" with crayons, paper, scissors--giving instructions

FAIRBANKS HOME START
Fairbanks, Alaska

Case Study II Fall 1972

Project Home Start
Fairbanks, Alaska

Principal Author: Wesley Profit

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APPENDIX

A. Case Study I - Spring 1972 Summary

PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

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[1] See Section IV. An "Assessment of Needs" for detailed description.

IN BRIEF

OCTOBER 1972

GENERAL

TYPE OF PROGRAM: Urban

SPONSORED BY: Delegate: None
Grantee: Greater Fairbanks Head Start Association

ADMISSION CRITERIA: Head Start Guidelines; Residency in Fairbanks North Star Brgh.

PROGRAM START-UP DATE: March 20, 1972

HOURS OPEN: Monday - Friday 8:15 a.m. - 4:15 p.m. (2 hours off in the morning on Monday and Friday are made up from 6:00 p.m.- 8:00 p.m. on those evenings.)

FAMILIES

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
ENROLLMENT:	12		45		33	275%
STAFF						
TOTAL PAID STAFF:	11		10		0	-
Full-Time	6	70%	6	60%	-1	14%
Part-Time:	5	30%	4	40%	+1	33%
TOTAL IN-KIND STAFF:	7					
Full-Time	0					
Part-Time	7					
ETHNICITY OF STAFF:						
Anglo:	3	30%	3	70%	+4	133%
Black:	3	30%	1	10%	-2	67%
Chicano:	0		1		-	
Indian:	0		1		-	
Oriental:	0		0		-	
Other:	4	40%	1	20%	-2	50%
SEX OF STAFF:						
Female:	8	80%	8	80%	0	-
Male:	2	20%	2	20%	0	-

STAFF POSITIONS: Director, Home Start Coordinator, Home Visitor (5 positions), Secretary, Business Manager (part-time), Nurse (part-time), Parent Coordinator (In-Kind), Clerk-typist.

POSITIONS OPEN:

CHILDREN

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL HOME START CHILDREN:	12		68		+56	467%
TOTAL CHILDREN (ELIGIBLE FAMILIES):						
0-12 months:	11		4			N/A[1]
13-24 months:			12			-
25-36 months:			16			-
37-48 months:	12		37			-
49-60 months:			20			-
61-72 months:			11			-
6-9 years:	12[2]		20			-
10-13 years:			15			-
14-18 years:			5			-
ETHNICITY OF FOCAL CHILDREN:[3]						
Anglo:	8		49	72%		N/A[3]
Black:	2		6	9%		-
Chicano:	0		0	0		-
Indian:	0		0	0		-
Oriental:	0		0	0		-
Other:	2		13	19%		-
SEX OF HOME START CHILDREN:						
Female:	NI		31	46%		-
Male:	NI		37	54%		-

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

PARENTS

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL FOCAL PARENTS:[1]	12		45		+33	275%
SEX OF FOCAL PARENT:						
Female:	7	60%	31	69%	+24	343%
Male:	5	40%	14	31%	+ 9	180%
Families in which both parents are considered focal parents:	NI		0		-	
EMPLOYMENT OF FOCAL PARENT:						
Employed:[2]	6	50%	33	73%	+27	450%
Unemployed:	1	10%	12	27%	+11	
In School or Training:	0		0		-	
Unknown:	5	40%	0		- 5	
EMPLOYMENT OF FAMILIES:[3]						
Employed, Regular:	NI		31	69%	-	
Employed, Part-Time or Seasonal:	NI		1	2%	-	
Unemployed or Unknown:	NI		13	29%	-	

ESTIMATED FUNDING:

HEW: $100,000
In-Kind: 10,000
Total: $110,000

FOR FURTHER INFORMATION,
CONTACT:

Dr. N.E. Koponen
Head Start/Home Start Executive Director
Greater Fairbanks Head Start Association Inc.
Box 724
Fairbanks, Alaska 99701

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[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

I. PROGRESS REPORT

A. Impressions -- Fall 1972

The new office for the Home Start Program of Greater Fairbanks, Alaska, is located in a log cabin on the back part of the city's exhibition center. "Everywhere you see that pink insulating material," remarked Westeen Holmes, Home Start Coordinator. "There were cracks between the logs that we had to plug. But at least this home is permanent." In mid-Fall the Home Start Program in Fairbanks had just settled into the last of five homes since August 31st, when its sponsoring agency, the Head Start Program of Greater Fairbanks, was forced to leave its offices in the basement of a local church.

Though the job of unpacking and moving is not yet complete, the cabin already has the atmosphere of its new inhabitants. New bookshelves are up; books, toys and other home visit materials begin to line the walls. The energy and activity of Home Start staff makes the office in Fairbanks seem particularly busy, compared with the stillness and quiet of the approaching Alaska winter.

The Home Visitors use the office as a base between their home visits. Except for filing reports, using the phone to set up appointments for their families, and regular staff training sessions, much of the work of the Home Start Program is done outside their log cabin office. The Home Visitors travel widely around the Greater Fairbanks area: already they brave cold weather, knowing that temperature in Fairbanks can be expected to reach -50° during the winter. Addresses in Alaska are especially descriptive of the distances Home Visitors must travel: 10 Mile Steese, 35 Mile Richardson Highway, 13 1/2 Mile Nenana.

The people employed by the Home Start program seem genuinely devoted to their work. They know that families face many problems, some of which they may not be able to help solve. Yet they are dedicated to doing what they can while families participate in the program. One Home Visitor spoke of problems faced by one family, and the small beginning she had made in talking with another mother. "You know," she said, "all these things take time."

Time abounds in Alaska, and enthusiasm is strong among Home Start staff. Home Start families, while somewhat reluctant at first to participate in a new program, are beginning to respond to the care and energy of the staff.

B. Program Update

To indicate how much progress the Alaskan Home Start Program has made is simply to sketch its administrative history. To illustrate that history of the program, Niilo Koponen, Director of the Greater Fairbanks Head Start Association, delegate for Home Start, observed that a good Alaskan bush pilot is distinguished by having the judgment to set a plane down at the first sign of trouble and make repairs before continuing. "You see," he said, "the mistake of most people who fly small planes here is that when trouble starts, they press on instead of looking for a place to land. Of course, when their engine fails, they're sunk." The story illustrates action successfully taken by program administrators in late summer. When problems arose they stopped, redefined their purposes and responsibilities, and made changes that account in part for the improved operation of the program by mid-Fall.

Elizabeth Wescott, former Director of the Greater Fairbanks Head Start Association, was responsible for getting the new Home Start off the ground last spring. In March, 1972, she hired seven Home Visitors. In April, she, Estella Movar, then Education Coordinator, and Westeen Holmes, newly appointed Home Start Supervisor, attended the first Home Start Conference in St. Louis. At the beginning of June, the Home Start program closed for the summer.[1] Betty Wescott left Alaska to continue her education in the East. Estella Movar also left the program during the summer. In the Fall, when staff began to return for the Home Start program, acting Director Westeen Holmes found little of the structure that had characterized the program the previous spring. Home Visitors were young and needed training; the program was faced with the need for recruitment of more families.

Those program administrators remaining took stock of resources and staff in Fairbanks, and then proceeded to set the program in shape. By early Fall, Niilo Koponen, former director of federal programs for the Fairbanks North Start School District had become the new Director of the Greater Fairbanks Head Start Association (with executive responsibility for Home Start too);

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[1] Most social action programs in Fairbanks close for the summer, as families disappear from the cities into the countryside after the long confinement of winter.

all of the original Home Visitors were gone, except one; and Westeen Holmes was firmly in charge of the program as Home Start Coordinator. Dr. Koponen took responsibility for the supervision of Head Start staff, freeing Westeen Holmes to concentrate her full energies on Home Start.

Westeen brought a welcome stability to the struggling new program. She began involving parents who served on the Head Start Policy Council in helping select new Home Visitors. She instituted a system of record-keeping for the Home Start staff. She scheduled regular staff training sessions and provided needed supervision for the Home Visitors. Niilo Koponen provided back-up support to Home Start during this crucial building process.

In mid-October, a visit by National Home Start Director Ann O'Keefe helped continue the progress being made by the program. Dr. O'Keefe strongly supported Westeen's efforts and encouraged the Head Start Policy Council to recommit themselves to the Home Start undertaking. Frank Jones, Regional Home Start Representative, was also instrumental in providing support that helped the program grow.

By mid-November, four new Home Visitors had been hired and all five were working to recruit and serve families. Individually and collectively, the Home Start staff were learning about their jobs and the families in the program.

Families

There are presently 56 families enrolled in the Greater Fairbanks Home Start Program, an addition of 23 families since spring, 1972. Four additional families have been recruited but not completely enrolled. The program will consider 60 families as full enrollment, with a caseload of 12 families for each of the five Home Visitors.

Termination of families from the program was unusually high during the summer while the program administrative staff was changing. At that time, two former Home Visitors were making reports to the acting director about families they had been assigned, but they were not actually making visits to the families.

Twelve families dropped out of the program due to the incident. Both Home Visitors were terminated from the staff.

There are a total of 68 focal children among the 56 families. Of that number, 37 are three years old, 20 are four years old and 11 are five years old. The Director estimates that 14 children will leave the program by the end of Spring 1973.

Of the 56 families presently enrolled in the Home Start program, 33 have at least one parent employed. Fifty-nine parents were listed as high school graduates, though one was described as having education beyond a high school diploma.

Income statistics were available only for those families living on farms. Of these 35 families, 17 made under $6,000, an additional seven families made under $8,000. Nine of the 11 families remaining made between $8,000 and $10,000, and two made over $10,000. Cost of living in Alaska, however, sets poverty guidelines much higher than in the continental United States.

Staff

Four of the five Home Visitors now in the program were not around last spring; none of the original Home Visitors hired in March 1972 are still with the program. Among the problems with previous Home Visitors was age; several were quite young, and Home Start parents felt uncomfortable in discussing problems with them. When the program reorganized in early Fall, the Program Administrators and Board of the Greater Fairbanks Head Start Association first clarified the responsibilities of the Home Visitors and redefined the purposes of the program.

Westeen then initiated discussions with Home Visitors to talk about changes in the program and whether or not each still wanted to remain with the program. "We tried to let them decide that Home Start wasn't for them", said Westeen. Four Home Visitors decided they were not qualified or didn't want to do the job. Now the minimum age for Home Visitors has been set by the Head Start Association Board at 20. Each Home Visitor has between 11 and 14 families that they visit at least once a week for two hours. In more than one case, Home visitors are responsible for one or two families (listed on their work sheets, but not actually visited) who are native Alaskan and who are presently away at their villages.

Head Start staff provide support to Home Start as consultants for special services. Lucy Elgin, a nurse in the Head Start Program, functions as a nurse and a health advisor for Home Visitors and focal children who are brought to her. The head teacher in the Head Start Program contributes to Home Start by observing Home Start children who have emotional or learning problems and making recommendations for assistance. Marilyn Asicksik, new Parent Coordinator for Head Start also provides support to families in the Home Start program. She makes home visits to new applicant families and helps in making some special referrals.

The administrative team for the Home Start Program is composed of Westeen Holmes as full-time Home Start Coordinator; Richard Farris, part-time Business Manager; and Niilo Koponen, part-time Director. Both Mr. Farris and Dr. Koponen divide their time between Home Start and Head Start.

II. ADMINISTRATION AND STAFF TRAINING

Organization and Planning

Central administrative responsibility for the Home Start program rests with its Coordinator, Westeen Holmes, and with Niilo Koponen, who divides his time as Director between Head Start and Home Start. This staff arrangement, in addition to Ms. Holmes' former position in Head Start, makes possible some useful coordination between both preschool programs.

Home Visitors meet often with the Program Coordinator, either singly or in groups of two or three. Such direct supervision by the Coordinator may be devoted to counseling a Home Visitor in building relationships with families; offering specific assistance in finding or coordinating services for one family; or the meeting may be a simple information exchange between Home Visitors and the Coordinator.

Ms. Holmes, in turn, meets frequently with Dr. Koponen to review the status of the program: these meetings also give Dr. Koponen opportunities to make specific contributions to Home Start.

Staff Training and Development

Staff training takes place Thursday and Friday mornings for four hours each day. Training presently is provided by Sally Wilmer, a teacher at the University of Alaska, who is providing staff with a non-credit course in early childhood education. It will soon be possible for staff members to work for the Associate Arts degree in Early Childhood through their participation in the Home Start staff training program.

As the seasons change in Alaska, staff sessions focus on seasonal problems particularly relevant to Alaska. In winter there, fire safety in the home is especially important, since families often cover windows and doors with plastic in order to reduce the cost of heat. Plastic often freezes, however, making the windows and doors useless as exits. Seven people involved in Head Start, primarily children, were burned to death in fires last winter. So Home Start Visitors will be talking to families about fire safety and fire hazards. In addition, they will be discussing the related issue of how to dress children for the winter.

Staff training also concerns issues central to educational goals of Home Start. Education in nutrition and budgeting are two such issues, both of which are handled primarily by Westeen, whose previous experience in home economics helps Home Visitors plan service in these areas.

Home Visitors presently make one two-hour visit a week to each of their families. Some visits occur on Saturday, and one or two Home Visitors meet with a few families from 7 to 9 in the evening.

Record-Keeping

In addition to the forms which are a regular part of the Home Start Information System, the program in Fairbanks keeps other records. Home Visitors file weekly reports on the families after their visits. This anecdotal file contains comments on the mood of parent and child, general description of how the planned activity proceeded, how the activity was received, and whether or not the parent and child felt a sense of accomplishment when the activity was completed. A Child Progress Sheet has been drafted by the Coordinator. It is to be filled out over a ten-week period of contact with each focal child and outlines the general learning areas to be covered with a specific child during the ten-week period.

III. PARENT PARTICIPATION

A general "rap session" for Home Start parents is planned early in December. The meeting has been called to allow Home Start parents to discuss how they will be involved in the Greater Fairbanks Head Start Association. Currently, Head Start parents are not familiar with the Home Start Program and Home Start parents do not feel comfortable meeting with Head Start parents.

Frank Jones from the regional office of OCD made it quite clear at the Parent Policy Board meeting that appropriate matters for discussion by the Parent Policy Board included an "equitable arrangement on the Association Board and a decision as to how much power is to go to local committees." The Head Start Association is aware of its responsibility to include Home Start in regular Association Policy Councils for parents. Administration staff in both programs are committed to policy council decision-making by parents representing both programs.

Once Home Start parents have become organized as policy making groups, transportation will remain a hindrance to regular parent attendance at meetings. Home Start parents tend to live even farther from the central city than Head Start parents, since Home Start guidelines require that families participate in only one of the two programs. Cooperative transportation arrangements may be possible between Head Start and Home Start parents.

Parent participation in the home visits is stressed by all staff of the Home Start program, particularly by the Home Visitors. Home Visitors mentioned parental involvement frequently in conversations: "We ask them to spend fifteen minutes a day with the child. If they seem reluctant, we say, 'O.K., how about five?' It's a beginning."

Because of Alaska's rather unique weather and consequent seasonal employment, there are many families in which both parents are home for long periods during the winter. Home Visitors are aware of these opportunities to involve both parents in home visit activities. At the same time, Home Visitors are sensitive to the problems with self-image which unemployed at-home fathers may experience. Home Visitors are aware that they must move slowly to involve fathers and men in home visit activities as these are often seen as activities for women and children only.

Home Visitors list 25 men as focal parents, however; in 19 families both parents are considered the focus of home visits along with their children. In six families, mothers are absent and men are the only focal parents.

For Home Start activities other than home visits, Home Visitors report that nearly half the participants are fathers or other men in Home Start families. Fathers take children to medical appointments and on walks. They are encouraged to tell stories to children and talk with them about the outdoors.

IV. FAMILY NEEDS AND PROGRAM SERVICES

A. Program Goals and Priorities

The overall goals of the Greater Fairbanks Head Start Association have not changed significantly during the last six months of operation. Those goals as identified in the Spring were:

- Involve parents directly in the educational development of their children.
- Strengthen the capacity of parents for facilitating the general development of their own children.
- Organize Home Start participants so that they will be able to share common feelings and problems with the goal of increasing their individual and group effectiveness in dealing with problems.
- Stress native heritage in the program so that positive feelings of native Alaskans will be created and more pride in individual backgrounds will be instilled.

Given the difficult administrative history of this program, it would not be accurate to say that the last six months have been devoted solely to the pursuit of the original objectives of this program. Since reorganization this Fall (1972), the program is proceeding to work toward its original objectives, especially the first three listed above. The last one is somewhat more difficult to achieve and to measure, since Alaskan natives tend to be even more transient than the rest of the Alaskan population. The program has 13 native Alaskan children enrolled; one staff member is a native Alaskan.

Although specific priorities have not been assigned to each of the four component areas, some sense of program emphasis can be inferred from distribution of time among services. Home Visitors report approximately 43% of their time during home visits is spent on different types of educational activities. The next largest portion of their time (approximately 33%) is spent on psychological social service. The remaining time in family homes is reported as being spent equally on nutrition (12%) and on health (12%).

The program is formulating objectives for the immediate future. In general it can be said that the program anticipates a shift to health and nutritional services as children are brought into health clinics for examinations and as Ms. Holmes begins to make nutrition information available to Home Visitors.

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the fall program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessments sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services, and priorities.

Most Family Needs Assessment Forms were filled out by families and not by Home Visitors. Some site visit time, therefore, was spent with Home Visitors, discussing the assessment sheets families had completed and making plans to provide services for those families. In several instances, Home Visitors felt that they had known families too short a time to assess their needs or add to the assessment forms.

In general, Home Visitors were more likely to see needs where parents didn't, particularly in the areas of psychological/social service and nutrition. Parents, on the other hand, were much more likely to recognize health problems and educational needs, and they also were much more likely to express the need for help in these areas than in others.

A summary of the Family Needs Assessment Forms appears on the next page. A few points should be considered in regard to the summary. This breakdown is based on assessments done for 40 of the 56 families in the program. Many families have needs in several different areas while a few seemed to have one clear need and few others. Finally, it is always difficult to determine what is so much a part of the fabric of life in a given place that even the inhabitants fail to single it out as a problem and instead treat it as something that everybody lives with. In Alaska, "cabin fever"[1] is one problem that is part of the fabric of many residents' lives. Every Home Visitor mentioned "cabin fever" in the context of family needs, yet neither a treatment for "cabin fever" nor "cabin fever" itself appears even once as a need for any Home Start Family. It is not clear how this problem represents itself in the lives of Alaska families; nor is it clear if other, similar problems exist but have not been identified.

---

[1] "Cabin fever" is a term used by Alaskan residents to describe the tension which builds among families who must spend the long months of winter indoors, in houses which are small and tightly closed to conserve heat.

SUMMARY OF
FAMILY NEEDS ASSESSMENT FORMS

Health

Problems/Needs	No. of Children
Eye problems, ears	4
Dental	5
Medical costs	1
Winter dress	1
Better service	1
General	1
	13

Problems/Needs	No. of Parents
Dental	1
Medical costs	3
Winter dress	1
	5

Education

Problems/Needs	No. of Children
Stimulation, reading, etc.	4
Regular education	3
	7

Problems/Needs	No. of Parents
Child education	10
Stimulation, reading, etc.	
Regular education	
Home care	
Job training	
	10

Nutrition

Problems/Needs	No. of Children
Better diet	5
No food, malnutrition	3
	8

Problems/Needs	No. of Parents
Better diet	4
Food preparation	3
Food costs	5
	12

Social/Psychological Services

Problems/Needs	No. of Children
Relating to kids	5
Speech difficulties	5
Help in relationships with others	3
Nurturance (primarily for kids)	4
Self-confidence, self-esteem	2
	19

Problems/Needs	No. of Parents
Relating to kids	15
Help in relationships with others	8
Self-confidence, self-esteem	1
	24

C. Program Components: Objectives, Services, Needs

1. Education

Objectives - Spring 1972

The primary objective of the Education component of the Greater Fairbanks Alaska Home Start program as stated in the first case study was to increase the effectiveness of parents as the prime educators of their children. General goals as developed were:

- Develop a positive relationship between parent/child based around a mutual learning experience.
- Involve the parent directly in the early childhood developmental learning tasks.
- Create an awareness of the early childhood developmental learning tasks.
- Create a better understanding with the parent of the child.
- Generate and build upon positive feelings of self-esteem, particularly regarding cultural heritage.
- Develop a better understanding between the parent and child and attempt to develop different attitudes in terms of understanding the child.
- Enable the Home Start children to enter public schools better prepared for this experience by providing adequate and positive testing background information of the child.

Objectives Achieved

Meeting the educational objectives of the Home Start program of Greater Fairbanks Alaska is a continuing process. Although the objectives as stated earlier for the component are not specific, the home visiting staff seems attuned to meeting the educational needs of the families and children involved in the program.

The Home Visitors identify at least 43% of their time as spent on educational activities in the course of home visits. All Home Visitors seem thoroughly aware of the importance of involving parents in the home visit, both as a means of improving parent-child relationships and of helping parents broaden their knowledge about children and family situations. In this area, in-service training has focused on child development as a particular concern for parents.

Specifically, Home Visitors say, "We try to let the family set the goals about where the child is going to be." Thus, Home Visitors are encouraged to discuss the educational goals of the program with parents and to formulate objectives in collaboration with them concerning their home relationship with the child and the activities that are planned for home visits. Parents are also encouraged to develop goals for continuing their own education.

The actual discussion of what parents would like for their children occurs within a fairly structured home visit format. All home visits follow the same general time schedule, although the content varies from one week to the next. Generally the two-hour visits follow a regular sequence of activities. The first fifteen minutes of a home visit are spent reviewing an activity or assignment left by the Home Visitor on the previous visit. This assignment is often reading material for the parent to share with the child during the week. The next fifteen minutes are spent on Physical Education; Home Visitors consider this a particularly important part of the home visit since during the winter months children have little opportunity for outdoor play and are not likely to be active indoors. A thirty-minute segment of time is then spent on a song and story; the story is usually read from a book and becomes the basis for the next home assignment. After the story, approximately 45 minutes are spent on a specific educational activity planned for the home visit Typical activities include at least fifteen minutes set aside for making an object or game related to this material. The last fifteen minutes are usually given to cleaning up and making an assignment for the next visit. Although this format seems tightly structured, during home visits observed by the evaluation field staff, Home Visitors used good sense of timing to adapt the format to each home environment.

Needs - Fall 1972

Educational needs expressed by Home Visitors in filling out the Family Needs Assessment forms about their families ranged in substance from "this child needs stimulation," to "his mother could use confidence in handling her child," and finally to "help the parents be sensitive to the child's educational needs." Generally, needs for children specified additional pre-school experience.

For parents, education about child development seemed to be a common concern. A few parents were identified for various kinds of adult education: basic skills, home management, and job training.

Additional Arrangements for Meeting Needs

With the course in child development that is being offered by Sally Wilmer, a teacher from the University of Alaska, much of the staff's attention presently and in the near future will be formally focused on issues concerning child development. The Home Start Coordinator, Westeen Holmes, also plans to spend a good deal of time training Home Visitors in the area of child development. As Home Visitors become increasingly more sensitive to the complex issues involved in child development, this will be reflected in their work by an increase specifically in describing the educational needs of the families and children they are working with.

Objectives - Winter 1972

Program staff are in the process of preparing measurable objectives for services in this component.

2. Health

Objectives - Spring 1972

The original Home Start proposal provided that all health services would be done through the Greater Fairbanks Head Start Association. The Association already had well developed contacts with the Alaskan Native Health Service, Public Health and Welfare Service. In addition, the Head Start nurse was scheduled to be an additional resource for health services. No specific objectives were formulated for the first several months of the program, although arrangements had been made tentatively for dental and physical examinations for focal children.

Objectives Achieved

Considerable time has been spent by staff outside of home visits in identifying health needs and planning for delivery of health treatment. Home Visitors have specifically identified themselves as advocates for health delivery to families. They point out that most health care in the Fairbanks area is available only through complex, overlapping health agencies. To obtain timely service for health needs, Home Visitors believe they must assume the role of health advocates, as each agency serves only a limited eligible population.

Among the health care agencies in the Greater Fairbanks area are: The Fairbanks Health Center, the Alaskan Native Health Service, the Public Health Nurse, the Guilded Cage Association, the Alaska Crippled Children's Association, and physicians at the base Army Hospital. All are involved in providing health examinations or will be providing treatment for problems recorded during examinations. Checks for vision and hearing problems are part of the examinations now being done. Physicals are planned for every focal child and, when possible, for other children in the family as well. Hearing problems among Fairbanks children seem particularly common; hence the emphasis on early screening for hearing and vision tests.

Home Visitors expect that the amount of time they spend on health will continue to increase as health examinations are complete and specific problems are identified for treatment.

Needs - Fall 1972

In reviewing health entries on the Family Needs Assessment Forms, it is interesting to note that for families whom Home Visitors have known long enough to state needs, nearly all these families were said to have needs for health care. The Coordinator suggested that the difficulty of obtaining service from a number of similar agencies had discouraged families from actually obtaining the care they need.

Comments on the needs assessment forms concerned basic health maintenance. "Needs shots and dental work" were frequent observations. Only one case of impetigo was mentioned, and one case of malnutrition. In both these families specific medical treatment was being sought.

Medical records on the families being served by Home Start are detailed where possible. When physical's are completed, health needs of the children will be more clear to the program staff.

Additional Arrangements for Meeting Needs

Dr. Deeley, a member of the American Academy of Pediatrics, is located in Fairbanks and was contacted to become a consultant to the program following the visit by National Home Start Director Ann O'Keefe. Dr. Deeley will be involved in planning health services to families.

The existence of many different agencies and consultants will require coordination, notes the Director. Increased co-operation between the Home Start program and these agencies should provide many options to families for obtaining health care.

Objectives - Winter 1972

Program staff are in the process of preparing measurable objectives for services in this component.

3. Psychological/Social Services

Objectives -- Spring 1972

In Spring, 1972, the Home Start Program had planned to handle all needs for psychological and social services by referral. In spring, however, staff had not yet been oriented to referral of services in Fairbanks; nor had any referrals been made. Much has changed since then, although all needs for psychological and social service are still to be handled by referral.

Objectives Achieved

The staff record sheets indicate that the staff spend about 33% of their time providing some psychological and social service during home visits. In addition, an analysis of the needs assessment forms, too, shows that the staff feel this is an important area where they should concentrate their efforts. Before planned referrals can be made,Home Visitors recognize the need to develop a trusting relationship with the families. Only when trust is established can a discussion of problems not related specifically to children take place.

Only five referrals for psychological and social service had been made in the period ending September 30, 1972; the Program Coordinator expects referrals to increase as the Home Visitors and families become better acquainted and helping relationships are developed.

The Alaskan Home Start staff have not yet experienced social and psychological demands they expect to be made on them by families particularly isolated during the long winter. A routine of weekly visits promises to be particularly important during winter months, especially in providing new activities for family members living in close quarters. "Cabin fever" is, after all, primarily a psychological condition and one that Home Visitors will have to cope with from time to time. All are aware of the demands of winter; all are natives of Alaska or have lived there long enough to understand the season. Home Visitors and the Coordinator are considering additional training, perhaps in couseling,to help Home Visitors prepare for winter visits.

Needs - Fall 1972

A survey of the needs assessment forms reveals that the category Psychological and Social Service catches all kinds of needs. Needs identified for this area ranged from speech defects to needs of children "to relate to other children". The notation "needs counselling" appeared often. Perhaps because this category of service is so comprehensive it is the category that seems to show most needs. Little specific response appeared on needs assessment sheets; nevertheless, it seems clear that many parents are seen by the Home Visitors as not relating adequately to their children; and that children, partly because of their isolation during part of the year, need contact with their peers in order to learn to interact with them. Several of the Home Visitors pointed out this need for social contact.

In general, the level of discussion about problems in this area among the Home Visitors was quite high. Other specific needs were:

Problems/Needs	No. of Children
Relating to kids	5
Speech difficulties	5
Help in relationships with others	3
Nurturance (primarily for kids)	4
Self-confidence, self-esteem	2
	19

Problems/Needs	No. of Parents
Relating to kids	15
Help in relationships with others	8
Self-confidence, self-esteem	1
	24

Additional Arrangements for Meeting Needs

It is generally assumed here in the Alaskan program that the Alaska Mental Health Center has adequate facilities for handling all psychological referrals. Social referrals may be made to

There is no reason to doubt this. In addition, staff from the Alaskan Association for Crippled Children and Adults also are available to work with special problems in Home Start families.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

4. Nutrition

Objectives - Spring 1972

The objectives set in June of 1972 for this component of the program were very vague. The Cooperative Extension branch of the University of Alaska had agreed to make their aide program available to Home Start families. No requests had been made for the aide services; Home Visitors had not, at that time received any special training in nutrition.

Objectives Achieved

Westeen Holmes, Home Start Coordinator, is experienced in nutrition and budget planning, and assumed major responsibility for providing the staff with training and information needed by Home Visitors to provide these services. Westeen worked with the Cooperative Extension Service in Fairbanks before joining Home Start, and is, consequently, quite able to provide training as well as arrange appropriate referrals.

All staff have received some training concerning nutrition. For some time a regular column appeared in the Head Start Newsletter which goes out to all the Home Start Programs. Because of the high cost of living in Fairbanks, the seasonal employment, and the seasonal selling campaigns of local merchants, budgeting and adequate nutrition are particular concerns for a program operating in the winter.

It is not accidental that the first five Home Visits are concerned with food-related activities, climaxed by a shopping trip for each family. Budgeting, the preparation of attractive foods, and the creation of a balanced diet on less than adequate income is a fundamental problem in this area and Home Start parents are faced by this problem as much as, if not more than, others.

Needs - Fall 1972

Comments from the Needs Assessment sheets are particularly terse on the subject of nutrition. "I didn't see any food in the house." Or "I think the mother needs some help in nutrition" were not infrequent.

Since the winter season has just begun in Alaska, it is probable the nutritional needs of the families and the need for budgeting to obtain a balanced diet will become more acute as the season continues. The program is planning now for these anticipated needs, in hopes that winter may be less rough this year for some families.

Home Visitors indicated that they presently spend about 12% of their time on nutrition, though they expect to spend more time on it in the coming months.

Additional Arrangements for Meeting Needs

There are three primary resources available to the program in this area. The first is the information and knowledge which Westeen brings to her job as Coordinator and to Home Visitors in training. Home Visitors now get nutrition related information from Ms. Holmes during individual meetings. Westeen plans to provide more information to Home Visitors so that they may pass it on to families.

The second resource is the Cooperative Extension program of the University and related material they may furnish on budgeting, meal preparation, and other home management topics. The third resource is parents, who have not yet organized to help each other with nutritional concerns.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

APPENDIX A

Case Study I - Spring 1972

Summary

FAIRBANKS HOME START PROGRAM

ALASKA

The Fairbanks, Alaska, Home Start Program is presently struggling to enroll participants, recruit and train staff, and plan service delivery. Because of a "lull" during the summer months, however, it is unlikely that the Program will be delivering services much before October, 1972. There is a clear need for pre-school child care in Fairbanks, however, and the Program is working with two major obstacles in trying to make Home Start a reality: 1) cultural conflict between Program concepts and staff attitudes and native cultures and styles of life; and 2) the limited appeal of a home-based program in a climatic region that fosters "cabin fever"[1] and otherwise limits the value of utilizing the homes of poor people as learning environments for young children.

To date, only 12 families have been enrolled in the Fairbanks Home Start Program. It has been difficult for the Program to recruit Native Alaskan families, due to the mobility of the population and the guidelines for eligibility. In addition, in many cases the attitudes of the Home Visitors in the Program toward child-rearing run counter to those of the three traditional native cultures that influence the Eskimos, Athabascans and other Natives of the Tanana Valley. Whereas the Home Visitors are not familiar with behavior modification techniques and would recommend strict disciplinary action as a response to undesired behavior, the average Native parent would not.

The Greater Fairbanks Head Start Association has identified four overall goals for its Home Start Program:

- To involve parents directly in the educational development of their children.
- To strengthen the capacity of parents for facilitating the general development of their own children.

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[1] "Cabin fever" is a term used by Alaskan residents to describe the tension, which builds among families who must spend the long months of winter indoors, in houses which are small and tightly closed to conserve heat.

- To organize Home Start participants so that they will be able to share common feelings and problems with the goal of increasing their individual and group effectiveness in dealing with problems.
- To stress native heritage in the Program, so that positive feelings of native Alaskans will be created and more pride in individual backgrounds will be instilled.

Specific objectives for each Program Component are described in the Case Study.

In order to overcome some of the vital problems inherent in establishing a Home Start Program in Fairbanks, the staff will have to focus more directly on isolating the target population and establishing what services Home Start will be able to offer above and beyond (or within different sets of goals) the Head Start Project. They will attempt to focus on four basic Program Components: Health, Nutrition, Psychological and Social Services, and Education.

There are three basic challenges that the Fairbanks Home Start Program must successfully meet if it is to succeed: 1) the challenge of inadequate conditions for optimum home-based services for young children; 2) the problem of seasonal employment; and 3) the difficulty of delivering services to a diverse complex clientele with unique problems, using a concentration of paraprofessionals.

One thing is clear, however; there is a critical need for pre-school child care services in the Fairbanks area and Home Start can help meet this need.

NAVAJO HOME START
Ft. Defiance, Arizona

Case Study II Fall 1972

Project Home Start
Ft. Defiance, Arizona

Principal Author: Robert Fein

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PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

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[1] See Section IV. An "Assessment of Needs" for detailed description.

IN BRIEF

OCTOBER 1972

GENERAL

TYPE OF PROGRAM:	Rural, two centers on the Navajo Reservation
SPONSORED BY:	Office of Navajo
ADMISSION CRITERIA:	Head Start Guidelines
PROGRAM START-UP DATE:	April, 1972
HOURS OPEN:	8:30 - 5:00 in main office, Ft. Defiance Weekdays, evenings and weekends; target areas

FAMILIES

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
ENROLLMENT:			69		+69	infinite

STAFF

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL PAID STAFF:	9		10		+1	11%
Full-Time	9	100%	10	100%	+1	11%
Part-Time:	0		0		0	-
TOTAL IN-KIND STAFF:						
Full-Time	0					
Part-Time	1	100%				
ETHNICITY OF STAFF:						
Anglo:	0		0			-
Black:	0		0			-
Chicano:	0		0			-
Indian:	9	100%	10	100%	+1	11%
Oriental:	0		0			-
Other:	0		0			-
SEX OF STAFF:						
Female:	7	78%	8	80%	+1	14%
Male:	2	22%	2	20%	0	-

STAFF POSITIONS: Home Start Coordinator, Home Visitors (4), Parent Aides (4
Secretary

POSITIONS OPEN: None

CHILDREN

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL HOME START CHILDREN:	0		83		+83	infinit
TOTAL CHILDREN (ELIGIBLE FAMILIES):						
0-12 months:	0		5	2%	N/A[1]	
13-24 months:			13	4%	-	
25-36 months:			16	5%	-	
37-48 months:	0		32	10%	-	
49-60 months:			35	11%	-	
61-72 months:			27	9%	-	
6-9 years:	0[2]		72	23%	-	
10-13 years:			59	19%	-	
14-18 years:			48	15%	-	
ETHNICITY OF FOCAL CHILDREN:[3]						
Anglo:	0		0		N/A[3]	
Black:	0		0		-	
Chicano:	0		0		-	
Indian:	0		83	100%	-	
Oriental:	0		0		-	
Other:	0		0		-	
SEX OF HOME START CHILDREN:						
Female:	0		NI		-	
Male:	0		NI		-	

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

PARENTS

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL FOCAL PARENTS:[1]	0		127		+127	infinite
SEX OF FOCAL PARENT:						
Female:	0		70	55%	+ 70	infinite
Male:	0		57	45%	+ 57	infinite
Families in which both parents are considered focal parents:	0		57	83%	+ 57	infinite
EMPLOYMENT OF FOCAL PARENT:						
Employed:[2]	0		31	24%	+31	infinite
Unemployed:	0		93	73%	+93	infinite
In School or Training:	0		0		-	
Unknown:	0		3	2%	+ 3	infinite
EMPLOYMENT OF FAMILIES:[3]						
Employed, Regular:	0		30	43%	+30	infinite
Employed, Part-Time or Seasonal:	0		8	12%	+ 8	infinite
Unemployed or Unknown:	0		31	45%	+31	infinite

ESTIMATED FUNDING:

HEW:	$100,000
In-Kind:	10,000
Total:	$110,000

FOR FURTHER INFORMATION, CONTACT:

Elsie Earl
Home Start Coordinator
Office of Navajo Economic Opportunity
P.O. Box 485
Ft. Defiance, Arizona

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[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

I. PROGRESS REPORT

A. Impressions -- November 1972

A chill wind blows atop Second Mesa, Arizona, where Home Start staff from the Bodaway and Cameron areas gather for their bi-weekly training session. Heavy white clouds fill the winter sky; one report says it is snowing 80 miles east in Fort Defiance, headquarters for the Home Start administrative staff. Inside in the conference room of the Hopi Cultural Center, two Home Visitors, two Parent Aides, one trainee from the Tribal Work Experience Program, Home Start clerk-typist Pauline Marshall, and newly appointed Coordinator for Home Start Harriett Marmon discuss the health needs of Home Start families and the progress made in bringing families to the Tuba City Field Office of the Public Health Service for medical and dental examinations. Pointing out the importance of the health component for Navajo families in Home Start, Marie Whiterock, a Home Visitor, shares her notes of a family medical checkup: "Took Pauline and Galbert to hearing test, Mother too. They found a dog bug in Galbert's ear, a monster. He did real good on being still while the man was pulling the bug out of Galbert's left ear. The mother was surprised at what they've done for her little boy, by freeing him from the monster that was eating away part of his flesh."

The Home Start staff members listen intently to this and similar reports that describe the daily realities of life on the Navajo reservation. The lives of the Navajo families they serve are characterized by mixtures of poverty, persistence, pride, and isolation. The Home Visitors know that for many families too much of life is a struggle for enough food to sustain them and adequate shelter to protect them from the harsh environment.

Now that Home Start seems to be emerging from its initial months of confusion and indecision, Home Visitors and Parent Aides, with the help of the administrative staff, are beginning to grapple with some of the health, nutritional, educational, and psychological/social problems of their families. The needs are severe and many, and the resources of the young Home Start program are limited. But the Home Visitors and Parent Aides are able and persistent. Under the leadership of Harriett Marmon and the supervision of Letti Nave, Director of the Office of Navajo Economic Opportunity's Child Development Program, progress is being made.

B. Program Update

Home Start has moved many steps beyond the confusion that too often characterized the program during the Spring, Summer, and early Fall. "We made mistakes," admits Letti Nave. "I didn't give Home Start the supervision it needed." From the staff reports, the months of June, July, and August were concerned with surveying the four areas served by Home Start, recruiting families, and training of staff and parents. Selection criteria for recruitment included the number of children in the family, location (to minimize travel for Home Visitors and Parent Aides), poverty guidelines, parental interest in the program, and the overall needs of the family.

Staff

Prompted by advice offered by Florence Sequin of the National Home Start staff during her October visit, and by the growing feeling that evolving Home Start needed clearer direction, Letti Nave transferred Arthur Sardoval from Home Start Coordinator to a position as assistant to the Health Resources Coordinator in the 2200-child ONEO Head Start program. Harriett Marmon, a Head Start curriculum specialist, was appointed Home Start Coordinator. Soon after taking charge in mid-October, Harriett sent a memo to the staff which indicated she would actively lead the program. In it she wrote:

> "There will be no major changes in program direction except perhaps the following: I will spend time at Cameron and Grey Mountain with you on a regular basis to evaluate your work, provide guidance, and conduct training. I will also travel to the Home Start sites with you.
>
> "We will establish communication lines. We will get some telephones where needed.
>
> "We will get the teacher kits and children's kits ready. We will develop a series of home visit plans. These will include 'home tasks' for the parents and child . . .
>
> "You will prepare a file on each family and child. This file will include a narrative report of your work and all pertinent information on the family.
>
> "We will begin to build up a 'toy lending' library -- one for each target area.
>
> "We will develop a regular visitation schedule for you to visit the target sites based on mileage, road conditions, your individual plan with that family, etc.

> "We will plan group activities for both parents and children; where, when, what, etc."

In a further effort to give Home Start structure, Letti Nave, in October, began regular supervision of Home Start, spending, she estimated, about ten hours a week. At the ONEO trailer which houses the Child Development program (including Head Start administrators), workmen began to build an additional office for Home Start. It was to be located directly across from the office of Mrs. Nave.

In early November, Dr. William Carlile, a medical consultant from the American Academy of Pediatrics, spent several days with Home Start staff, discussing the health needs of Home Start children and families. Stimulated by his advice, Home Start staff embarked on a program to bring each Home Start child and family to the nearest health facility for medical and dental examination. In mid-November, this process was nearly completed in the west and was beginning in the eastern section of ONEO's 25,000 square mile area.

Families

Recruiting was generally completed by September. As of September 30, 1972, there were 69 families in the program with a total of 310 children (an average of 4.5 children per family), including 83 focal children (31 three-year-olds, 31 four-year-olds, and 21 five-year-olds). All families were Navajo. Of the 69 families, 53 reported incomes under $2000 a year, and only 38 families reported that at least one parent was employed.

The families in Home Start live in four areas on the reservation, Cameron and Bodaway in the Grey Mountain region in the western part of the reservation (near Tuba City) and Crownpoint and Ojo-Encineo in the Rincon-Marcus region several hundred miles to the east. There are 33 families served in the east and 36 in the west. A Home Visitor and a Parent Aide are responsible for the families in each of the four areas. Isabelle Nuvayouma and Mora Hushie, for example, the Home Visitor and Parent Aide for the Cameron area, work with 19 families with 24 focal children. At the time of the case study, three of the four areas had its complement of a Home Visitor and a Parent Aide. In one area, the parents were due to meet to select a replacement for a Parent Aide who had left the program.

On the Navajo reservation, 52 of the 69 Home Start families earn less than $2,000 annually; 12 families have incomes under $4,000; and 2 families have incomes between $4,000 and $8,000. Incomes for 2 families are unknown.

Families also participate in a number of federally sponsored programs; with the greatest numbers (average of 30) enrolled in AFDC, Food Stamps, and Federal Surplus Commodity Foods.

Parents

Home Start staff were also working to organize parents. One all-day meeting brought 17 of the 19 focal families together in the Cameron area, a gathering of 85 people.

II. ADMINISTRATION AND STAFF TRAINING

Organization and Planning

Administration of Navajo Home Start took new form with the appointment of Harriett Marmon in mid-October and the decision of Letti Nave to supervise Home Start direction. Administration in this program is complicated by the great distances between the two areas in the east and the two areas in the west where the Home Start families live. Headquarters at Fort Defiance is part-way between the Rincon-Marcus and Crownpoint areas in the east and the Cameron and Bodaway areas in the west. The decision of Home Start to serve families living in remote areas of the reservation has meant that Home Start staff spend many hours in GSA vans and pickup trucks. The travel time for administrative staff who visit each area is, in fact, so great that some thought is being given to either consolidating the areas served by Home Start or setting up an administrator in the east and one in the west. A suggestion, made only partly in jest, is that Home Start should acquire a helicopter.

Although not paid through the Home Start budget, Letti Nave is the major decision-maker in Navajo Home Start. Letti meets regularly with Harriett Marmon, who as Coordinator is responsible for supervising and training Home Visitors and establishing liaisons between Home Start and other agencies on the reservation. Harriett spends about one week in the western part of the reservation and then one week in the east. Her appointment as Coordinator seems to have steadied the program.

Pauline Marshall is the all-purpose clerk-typist in Navajo Home Start. Though technically still considered secretarial staff, Pauline, acting as an administrative assistant, has helped the program stay together during some rough times during start-up. Responsible for keeping forms, schedules, and making payments, she provides administrative skill that has kept the program operating.

Staff Training and Development

Letti Nave and Harriett Marmon recognize that staff training continues to be an area of the program which needs improvement. "We are trying," says Harriett, "to include more content for Home Visitors and Parent Aides." As an education specialist, Harriett is making plans to bring needed content about early childhood education to the Home Visitors. With the recent purchase of educational materials and the scheduling of bi-weekly training sessions for the staff in the Grey Mountain and Rincon-Marcus areas, Home Start is beginning training to equip field staff with the skills and knowledge they need.

Originally, Navajo Home Start was organized around teams of one Home Visitor and one Parent Aide who worked together in each of the two areas near Tuba City and the two areas near Crownpoint. The plan called for each of the pairs to visit their 20 families once a week. The Home Visitor was to take the lead with the family in introducing materials and concepts for the children and the Parent Aide would follow up with a supplementary visit several days later. Because few vehicles are available and distances between the hogans of Home Start families are enormous, the administrative staff are considering changes in this pattern. The direction of current Home Start thinking moves toward promotion of Parent Aides to Home Visitors and giving each Home Visitor approximately ten families to work with. No decisions have yet been made.

III. PARENT PARTICIPATION

Navaho Home Start involves all members of Home Start families: sisters, brothers, aunts, uncles, grandparents and cousins. It would be more appropriate to describe family participation in Home Start since activities do not focus solely on parents.

The participation of parents in Navajo Home Start seems to vary with the geographic conditions in each area. In the Cameron area, for example, where most families live near the Chapter House (a central meeting point for Navajo families), the Home Visitor and Parent Aide recently organized an all-day training meeting which was attended by some 85 persons (17 of 19 Home Start families from the Cameron area). In the evening 25 adults attended the Home Start Parent Advisory Committee meeting where they elected officers and representatives to the Navajo Head Start Policy Council.

In the Bodaway area, Home Start families live in clusters, separated by mountains. The Home Visitor and Parent Aide for the area are planning a series of Christmas gatherings for their families, with several families meeting together at one place and several meeting at another. Because of the mountains and the distances separating families, it is unlikely that parent participation in the Bodaway area will take the form of large group meetings.

Now that they have been recruited into the program, Home Start families are responsible for hiring the staff. When vacancies arise, parents recruit, interview, and hire persons for the job, with the advice of the Home Start administration, especially Letti Nave. In mid-November parents in the Crownpoint area were in the process of interviewing applicants for the position of Parent Aide in their area.

In general, parents in Home Start seem to be taking increasing responsibility for the policies of the program. The lack of money available to pay parents for their time, the many hours that must be spent traveling to meetings, the unpredictable and often harsh weather conditions all militate against high levels of parent participation, but in this area as in others the young Home Start program seems to be making gains.

IV. FAMILY NEEDS AND PROGRAM SERVICES

A. Program Goals and Priorities

Home Start goals as stated in the proposal of January 12, 1972, still form the backbone of the program:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a Center-based program is not feasible.
- To help Navajo parents make better use of existing resources.
- To develop available resources which have not been utilized in the past.
- To create a greater responsiveness and awareness of the needs of Navajo children and their families by direct and regular contacts on the hogan level.
- To strengthen and build within families the positive elements which we find are there.
- To devise and adapt home educational cultural materials.
- To tap resources including Indian educators, research studies and model programs to provide information to integrate into the Home Start Program design and activities.
- To extend the Navajo language ability of the child.

Largely because of operational confusion in early months, Home Start has not yet established an explicit process of setting priorities. Generally, the program has been quite responsive to those who have offered it assistance, defining a component as high priority when someone initiated activity in it. The clearest example of this is the health component. From the time Dr. Carlile, their pediatric consultant, called the program from Phoenix in October, Home Start began to focus on the health needs of its families. Aided by several days of consultation on health and diagnostic screening, and encouraged by the cooperation of the staff of the Tuba City Field Station of the Public Health Service, Home Start staff in early November made health and dental screening and service a primary priority for the Cameron and Bodaway areas. Since then Home Visitors and Parent Aides have been scheduling appointments and transporting parents and children to the health facility.

Since most Home Start families have a range of needs, the "responsive" process of priority-setting now used in the program works to meet the needs of the families. Plans call over time, however, for more systematic prioritizing in the program. Home Visitors, Parent Aides, and central office staff will in the future meet together to discuss particular needs and conditions of families in their areas and to decide on appropriate action.

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

Because case study staff were unable to visit Home Start staff in the eastern areas of the reservation and since Home Start staff in one of the four areas served by the program had not finished completing their Family Needs Assessment Forms, data on the Home Visitors' and Parent Aides' perceptions of home family needs are not available for all families in Home Start. Home Start staff indicated, however, that in general, the needs of families in each area were similar.

To some extent, the needs of families that were reported by Home Start staff reflected the concerns of the particular Home Visitor or Parent Aide who noted them. Staff generally listed needs of families that seemed to call for immediate attention. Some Home Visitors and Parent Aides emphasized one need as particularly important in their area (e.g., jobs, cleanliness, health), and it is likely that intensive examination of each family might find considerably more needs than those reported by the Home Start staff.

Overall, the responses to the Family Needs Assessment Forms provide a broad profile of the diversity and multiplicity of the needs of families in the program. In almost all categories, totals should be regarded as rough minima. The data suggest that staff members in Navajo Home Start see health and nutrition as the two areas in which families have greatest need.

SUMMARY OF

FAMILY NEEDS ASSESSMENT FORMS*

Education

Problems/Needs	No. of Children
Stimulation	6
Remedial Help	3
Toys	2
	11

Problems/Needs	No. of Families
Adult Education	10
Need to Learn about Children	7
	17

Health

Problems/Needs	No. of Children
Ill or Needs Medical Attention	14
Medical Examination	2
Dental Examination	3
	19

Problems/Needs	No. of Families
Ill or Needs Medical Attention	7
Medical Examination	4
Information and/or Training about Health, Sanitation, Cleanliness	23
Assistance with Drinking Problem	9
Family Planning Information	1
	44

---

* Based on responses of approximately 75% of Navajo Home Start families.

Psychological/Social

Problems/Needs	No. of Children
Emotional Problem	4
	4

Problems/Needs	No. of Families
Marital Problems	3
Emotional Problems	3
Transportation	1
Job	11
House	6
Quilting and Bedding	2
Opportunities for More Contact with Others	6
	32

Nutrition

Problems/Needs	No. of Children
More or Better Food	18
	18

Problems/Needs	No. of Families
Information about Nutrition	40
Information about Shopping	2
Training in Cooking	8
	50

C. Program Components: Objectives, Services, Needs

1. Education

Objectives - Spring 1972

Objectives formulated in May 1972 were generally vague, reflecting some of the difficulty experienced by Navajo Home Start during its early start-up period. Discussions in May suggested that education was seen as a key, if not the key, area for Home Visitors and Parent Aides. While the program has not yet systematically developed objectives or re-shaped priorities as of mid-November, it seems clear from discussions with staff, reports of staff time, and the needs assessment forms, that the education component, while still an important aspect of Home Start, is less of an immediate priority than health or nutrition. In coming months, as Coordinator Harriett Marmon concentrates training around child development, early childhood education, and the use of materials, and as some of the basic needs of families for health and nutrition services and information are met, it is likely that education will receive more emphasis.

Needs - Fall 1972

Reports of Home Visitors and Parent Aides indicate that families have needs for adult education and that some children need what might be considered educational stimulation. Comments like, "Mother and Father need to talk to children," "The child has problems in learning," "He is smart. He needs to be taught some number concepts and colors," "Grandmother and aunt want to learn more about child development," "The mother wants to learn more about arts and crafts -- weave baskets," reflect some of the educational needs perceived by Home Start staff.

Education

Problems/Needs	No. of Children	Problems/Needs	No. of Families
Stimulation	6	Adult Education	10
Remedial Help	3	Need to Learn about Children	7
Toys	2		
	11		17

As Home Visitors and Parent Aides become more familiar with concepts and practices of early childhood education, it is likely that they will consider more children and families in need of educational assistance and support.

Additional Arrangements for Meeting Needs

Home Start plans call for an increase in future months in the time and effort devoted to the education component. Harriett Marmon intends to bring more early childhood education content into the training of Home Start staff. She also will encourage Home Visitors and Parent Aides to bring more materials into the home and spend more time with children and families in educational activities. Home Start staff will attempt to assess the skill level of parents and children and will work on specific educational tasks with the focal children and their families.

Objectives -- December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

2. Health

Objectives - Spring 1972

The Home Start proposal of Winter/Spring 1972 noted that the program would use the services of the U. S. Public Health Service for the medical care needed by families in the program. No specific objectives regarding health were formulated during the first two months of operation. With Dr. Carlile's encouragement and assistance, in October and November 1972, Home Start focussed on health, and specific objectives were informally discussed. Attending the meetings with Dr. Carlile were Home Start and Head Start staff, Dr. Ted Thoburn, Navajo Area Community Health Doctor, Mrs. Junebelle Adee, Public Health Nursing Supervisor at the Crownpoint Agency, Mrs. Hewett, Director of Community Health Nursing at Tuba City Agency, and Mrs. Ann Begay, a Health Aide from Tuba City. Topics discussed included medical records, medical examinations, dental examinations, immunizations, blood tests, and visual, audiometric, and developmental screening. Largely as a result of Dr. Carlile's consultation, Home Start staff, with the support and encouragement of officials from the Public Health Service, decided to have each Home Start child fully examined.

Objectives Achieved

The cooperation of the Tuba City Health Service Unit helped speed the process of examining children in the Grey Mountain area. As of the end of the case study visit in mid-November, 17 out of 19 families from the Cameron area had completed medical examinations. Eight of the 14 families from the Bodaway area had been checked, with four more families set with appointments. Home Start staff reported that progress was somewhat slower in the two areas served by the Crownpoint Health Service Unit.

Home Visitors and Parent Aides took active roles in working to meet their objective of having each focal child examined. Visitors set up appointments, explained the examinations to parents, transported children with their families to the health facility, and assisted parents in securing needed medical and dental checkups and service.

Staff training one week in early November consisted of a review of health services, and the preliminary development of plans to ensure that Home Start families received the therapeutic services that were indicated from examinations. The example of little Galbert and the "monster" bug in his ear referred to earlier illustrates the importance of the health examinations.

Needs - Fall 1972

Data from the Family Needs Assessment Forms suggest that Home Start staff see health as a critical need for many families in the program. Comments like "The child is always sick and her mother has to take her to the hospital all the time," and "The child had an ear infection and needs medical care" point to the health needs of many children. Parents and other family members were often mentioned by Home Visitors as in need of medical attention. ("The grandmother had some kind of sickness and was swollen all over.") Medical problems noted by Home Start staff for children and families included malnutrition, impetigo, diarrhea, tuberculosis, and dental troubles. Some staff noted families in which drinking seems to be a problem.

A major area of need in the Health Component, according to Home Visitors, is information about cleanliness and sanitation. In discussion and on their needs assessment forms, several staff mentioned families that seemed to live without awareness of modern sanitary practices.

Health

Problems/Needs	No. of Children
Ill or Needs Medical Attention	14
Medical Examination	2
Dental Examination	3
	19

Problems/Needs	No. of Families
Ill or Needs Medical Attention	7
Medical Examination	4
Information and/or Training about Health, Sanitation, Cleanliness	23
Assistance with Drinking Problem	9
Family Planning Information	1
	44

Although Home Start staff are beginning to keep medical records on their families, medical data had not been systematically compiled by the end of October, 1972. Thus, it is likely that as a result of the medical and dental examinations the health needs of the families in Home Start will be discovered to be considerably higher than the needs first listed by Home Start staff.

Additional Arrangements for Meeting Needs

The Service Units of the Public Health Service are valuable resources for the Home Start program, particularly where these units choose to cooperate with the program. Cooperation, though, is not always complete. One health official was reported to be relatively unconcerned about the medical needs of the Home Start children. His attitude was that his office would pick up problems of these children when they entered school. Understandably, Home Start staff have little patience with such views.

Area Community Health Representatives are another special resource for Home Start workers. The CHR's often know the needs and families in their areas and work with the Home Visitors and Parent Aides to provide families with services and information.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

3. Psychological/Social Services

Objectives - Spring 1972

In the initial stages of operation in Spring and Summer 1972, Home Start staff planned to refer families with psychological and social service needs to appropriate agencies on the reservation. Because of the lack of direction in the program and the lengthy process of surveying and selecting families, no referrals had been made as of September 30, 1972. Home Start staff were limited in the first months of operation by a lack of training with regard to psychological and social services, a lack compounded by the fact that many families in the program seemed to have multiple and overlapping needs. Consequently, other than planning group activities for some of the families who needed relief from extended isolation, and an occasional effort to connect a Home Start family with a needed service, little effort was concentrated by Home Start staff on the social and psychological needs of families.

Needs - Fall 1972

In discussion and through the Family Needs Assessment Forms, Home Start staff reported many social and psychological needs for children and families. The range of such needs was broad, from "She seems to be left out all the time. She's lonely and needs some love and attention," to "The father needs help finding a job to support his family," to "The family doesn't have a house of their own. They are now herding sheep for someone else." The description of one family's problems, as related by a Home Visitor, gives perspective on the depth of some social/psychological needs. In this family, the father went out drinking and was brought home seemingly asleep by several drunken comrades. His wife took him in, put him to bed, and the next morning discovered he was dead. Having spent the night in a place inhabited by the dead spirit of her husband, the woman refused to stay in the house. Home Start staff worked to assist this mother to find another place for her and her family to live.

Psychological/Social

Problems/Needs	No. of Children
Emotional Problem	4
	4

Problems/Needs	No. of Families
Marital Problems	3
Emotional Problems	3
Transportation	1
Job	11
House	6
Quilting and Bedding	2
Opportunities for More Contact with Others	6
	32

Home Start staff suggested that they were unsure how much attention they should give to needs in these areas, compared to other needs. Aware that many families have deep and multiple problems and that a service program like Home Start can only do so much with any given family, some Home Visitors and Parent Aides were reluctant to venture too deeply into a family's psychological and social terrain. This reluctance probably accounts for the relative underreporting of needs in these areas. Further, Home Start staff realize that they are better equipped to refer families with some problems to other services than to try to meet the needs themselves. Since, given current conditions on the reservation, for some needs (like jobs or housing) there is little that can be done, some staff chose not to emphasize services in this component, at least not at this early stage of Home Start. "After all," said a Home Visitor, "in some families if we talk about their marital problems, they won't let us come back to work with the child. We have to use our relationship with the children and their parents, over time, to try to help these families."

Additional Arrangements for Meeting Needs

More resources exist on the reservation for meeting social than for psychological needs, but even the former usually provide only superficial relief from the pervasive problems of poverty, lack of education, and geographic isolation. Staff reported that there were only a handful of psychiatrists, psychologists, and medicine men on the reservation to serve the needs of the whole Navajo nation. Occasionally, local members of Community Action Committees and participants in Career Development programs are resources for Home Start. Also, the DNA, the Navajo legal services office, assists families with legal needs, and is a resource waiting to be tapped.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

4. Nutrition

Objectives - Spring 1972

In the spring, nutrition objectives were vaguely stated as helping Home Visitors and Parent Aides to learn more about nutrition. Little staff training time has yet been spent on nutrition, but awareness of the nutrition needs of many families seems to be growing.

Needs - Fall 1972

Home Start staff readily identified nutrition as a major area of immediate need. Many families were reported to be on the traditional diet -- fried bread, fried potatoes, and coffee, with an occasional special treat of mutton stew. Home Visitors and Parent Aides felt that many families needed more food or more money to buy food. Comments like "The child is too small for his age," "He needs to eat more; he's too skinny," "I don't see very much food in the home" summarize the needs of many families.

Knowledge of nutrition and food buying and preparation is considered another critical area for Home Start families. Staff felt many families simply do not know basic rules of nutrition.

Nutrition

Problems/Needs	No. of Children
More or Better Food	18
	18

Problems/Needs	No. of Families
Information about Nutrition	40
Information about Shopping	2
Training in Cooking	8
	50

Additional Arrangements for Meeting Needs

The Emergency Food and Medical Services Program is a resource that provides information and food to families in need on the reservation. Many Home Start families are eligible for or are receiving surplus commodities, and could benefit from information as to food preparation.

Objectives - December 1972

Program staff are in the process of preparing measurable objectives for services in this component.

APPENDIX A

Case Study I - Summary

Spring 1972

NAVAJO HOME START PROGRAM

ARIZONA

CASE STUDY I -- SPRING 1972

[The following summary describes the program as it was in Spring 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study Interim Report 1b (case studies).]

I. SUMMARY SPRING 1972

Home Start is a new and hopeful program on the Navajo Reservation. The Home Start concept is particularly significant because, for several generations, education for the Navajo people has meant "going away" from the family and the home. The majority of children at the age of five or six go off to boarding schools, just as their parents did. For a few there are day schools, but this may mean riding a bus for four hours a day. For much of the twentieth century Navajo parents have not been the primary educators of their children, and there has been little or no emphasis on their history, culture or language.

The Navajo Reservation covers 25,000 square miles in Arizona, New Mexico, Colorado and Utah. The Home Start Program is working in two areas about 200 miles apart on opposite sides of the reservation. The Grey Mountain Cameron area, with about 1,280 people, is on the western side of the reservation, slightly south of the Home Start base in Tuba City. The Rincon Marcus area, with 800 people, is on the the far eastern side, in fact slightly off the reservation in a checkerboard area, where some land is owned by Navajo and some by Anglos, slightly east of the staff base in Crownpoint, New Mexico.

Home Start is part of the Office of Navajo Economic Opportunity (ONEO), a Community Action Agency established in 1965. In June, 1972, the Home Start Program was part of and under the direction of the Head Start Director of Child Development. At that time the ONEO Executive staff was considering a change in organizational structure, making the Home Start Coordinator directly responsible to the ONEO Director of Operations. Home Start thus would work cooperatively with (and not under) the Head Start Director. In early June, 1972, the final decision had not yet been approved.

Staff and Families

The program is entirely Navajo, both staff and families. There are currently four Home Visitors and three Parent Aides, a Coordinator and a Secretary. They have surveyed 115 families: 33 in the Crownpoint area (Rincon Marcus) and 82 in the Tuba City area (Grey Mountain, Cameron). Two Home Visitors and two Parent Aides will be working with 40 families in each of these two areas. They plan to have all families recruited by August. The Coordinator and Home Visitors are mostly former Head Start staff and the Parent Aides are from the two Home Start communities.

Staff Training

Pre-service training for Navajo Home Start was unlike any other Home Start in the U.S. For three days in May, 1972 the entire staff, several parents, the Head Start Director, Curriculum Specialist, Nutritionist and Nurse, a Midwestern consultant and representatives from several community agencies camped out beneath 400-foot cliffs on the floor of Canyon DeChelly. Some staff slept out; others slept in nearby hogans. Living in the "traditional ways" the staff discussed the purposes of Home Start, the role of Home Visitors and Parent Aides, the availability of community resources, and Navajo history and culture.

Services

Services are being planned in June, 1972. The Home Start program will use services of the U.S. Public Health Service, the Navajo Legal Services Agency, and the Navajo Mental Health Program. Many referrals services will be provided by agencies under the sponsorship of the Office of Navajo Economic Opportunity.

Education services will center around involving parents in their children's education, drawing extensively on Navajo culture and materials. Several educational facilities located on or near the two Home Start centers will provide assistance in training and special problem referrals to Home Start.

Goals and Objectives

During their start-up phase, as organizational decisions are being finalized, staff are in the process of defining their roles, recruiting families and translating overall program goals to meet individual family needs. The goals for the Program include the following:

- To involve parents in the educational development of their children.
- To help parents become aware of and make use of existing community resources.
- To improve the health and nutrition of families.
- To build on and strengthen the positive elements of Navajo families.
- To increase the children's knowledge of and use of Navajo language and culture.
- To help children prepare for school.

To achieve these goals, it is important that Home Start staff work closely with the Head Start staff, and that the Coordinator, Arthur Sandoval, receive strong support. He is new to administration, Home Visitors are new to working with families and children in a home setting, and the Parent Aides are entirely new to the whole operation. While off to a firm start, Home Start will continue to need strong administrative and program support in order to provide real opportunities for Navajo families.

ARVAC HOME START
Dardanelle, Arkansas

Case Study II Fall 1972

Project Home Start
Dardanelle, Arkansas

Principal Author: Marrit Nauta

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APPENDICES

A. Case Study I - Summary Spring 1972
B. Sample Educational Materials

PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

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[1] See Section IV. An "Assessment of Needs" for detailed description.

IN BRIEF

OCTOBER 1972

GENERAL

TYPE OF PROGRAM:	Rural serving 5 counties
SPONSORED BY:	Arkansas River Valley Action Council, Inc. (ARVAC)
ADMISSION CRITERIA:	Head Start Guidelines
PROGRAM START-UP DATE:	March, 1972
HOURS OPEN:	8:00 a.m. - 4:30 p.m. (staff on-call evenings and weekends)

FAMILIES

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
ENROLLMENT:	64		82		+18	28%

STAFF

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL PAID STAFF:	11		13		+ 2	18%
Full-Time	10	91%	12	92%	+ 2	20%
Part-Time:	1	9%	1	8%	0	-
TOTAL IN-KIND STAFF:	6		6		0	-
Full-Time	1	17%	1	17%	0	-
Part-Time	5	83%	5	83%	0	-
ETHNICITY OF STAFF:						
Anglo:	10	91%	12	92%	+ 2	20%
Black:	1	9%	1	8%	0	-
Chicano:	0		0		0	-
Indian:	0		0		0	-
Oriental:	0		0		0	-
Other:	0		0		0	-
SEX OF STAFF:						
Female:	11	100%	13	100%	+ 2	18%
Male:	0		0		0	-

STAFF POSITIONS: See Staff Organization Chart, p. 7

POSITIONS OPEN: None.

CHILDREN

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL HOME START CHILDREN:	86		83		-3	-3%
TOTAL CHILDREN (ELIGIBLE FAMILIES):						
0-12 months:	43	18%	12	4%	N/A[1]	
13-24 months:			11	4%	-	
25-36 months:			23	8%	-	
37-48 months:	86	36%	12	4%	-	
49-60 months:			47	16%	-	
61-72 months:			47	16%	-	
6-9 years:	109[2]	45%	68	24%	-	
10-13 years:			37	13%	-	
14-18 years:			29	10%	-	
ETHNICITY OF FOCAL CHILDREN:[3]						
Anglo:	57	89%	78	94%	N/A[3]	
Black:	6	9%	5	6%	-	
Chicano:	0		0		-	
Indian:	0		0		-	
Oriental:	0		0		-	
Other:	1	2%	0		-	
SEX OF HOME START CHILDREN:						
Female:	40	46%	46	55%	+6	15%
Male:	46	54%	37	45%	-9	19%

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Spring 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

PARENTS

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL FOCAL PARENTS:[1]	64		96		+32	50%
SEX OF FOCAL PARENT:						
Female:	64	100%	79	82%	+15	23%
Male:	0		17	18%	+17	infinite
Families in which both parents are considered focal parents:	NI		14	17%		-
EMPLOYMENT OF FOCAL PARENT:						
Employed:[2]	4	6%	17	18%	+13	325%
Unemployed:	60	94%	79	82%	+19	32%
In School or Training:	0		0			-
Unknown:	0		0			-
EMPLOYMENT OF FAMILIES:[3]						
Employed, Regular:	NI		50	61%		-
Employed, Part-Time or Seasonal:	NI		14	17%		-
Unemployed or Unknown:	NI		18	22%		-

ESTIMATED FUNDING:

HEW:	$110,000
In-Kind:	11,140
Total:	$121,140

FOR FURTHER INFORMATION, CONTACT:

Ms. Jo Ann Braddy
Head Start/Home Start Director
ARVAC, Inc.
Box 248
103 1/2 Locust Street
Dardanelle, Arkansas 72334

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[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

I. PROGRESS REPORT

A. Impressions -- October 1972

In November the hustle and bustle continues at the Dardanelle central office and in the offices of the eight Home Visitors scattered throughout the program's 5-county area.[1] In Dardanelle, the office arrangements have been changed to give staff more privacy. Home Visitors all have telephones now although some are shared with other ARVAC offices. Walls are crammed with pictures, and home visit materials spill over tables and bookshelves, but Home Visitors spend most of their time visiting families or attending meetings and field trips. At the office, arrangements are made for referrals, or Home Visitors confer with the VISTA Nurse by phone about children with minor health problems. The work is exciting to all staff members, but sometimes exhausting. "There simply isn't enough time in the day to do everything," says one Home Visitor.

Central office staff are busy planning for Head Start/Home Start refunding, writing proposals, evaluating in-kind donations and making plans to increase donations during the next few months.

The first Head Start/Home Start Policy Council meeting was held during the second week of October. Some Home Visitors drove parents to the Dardanelle Child Development Center where the meeting was held since many have no access to transportation. Parents sat on little chairs used during the day by Head Start children; but they didn't seem to mind. They want to be involved as much as possible in this program

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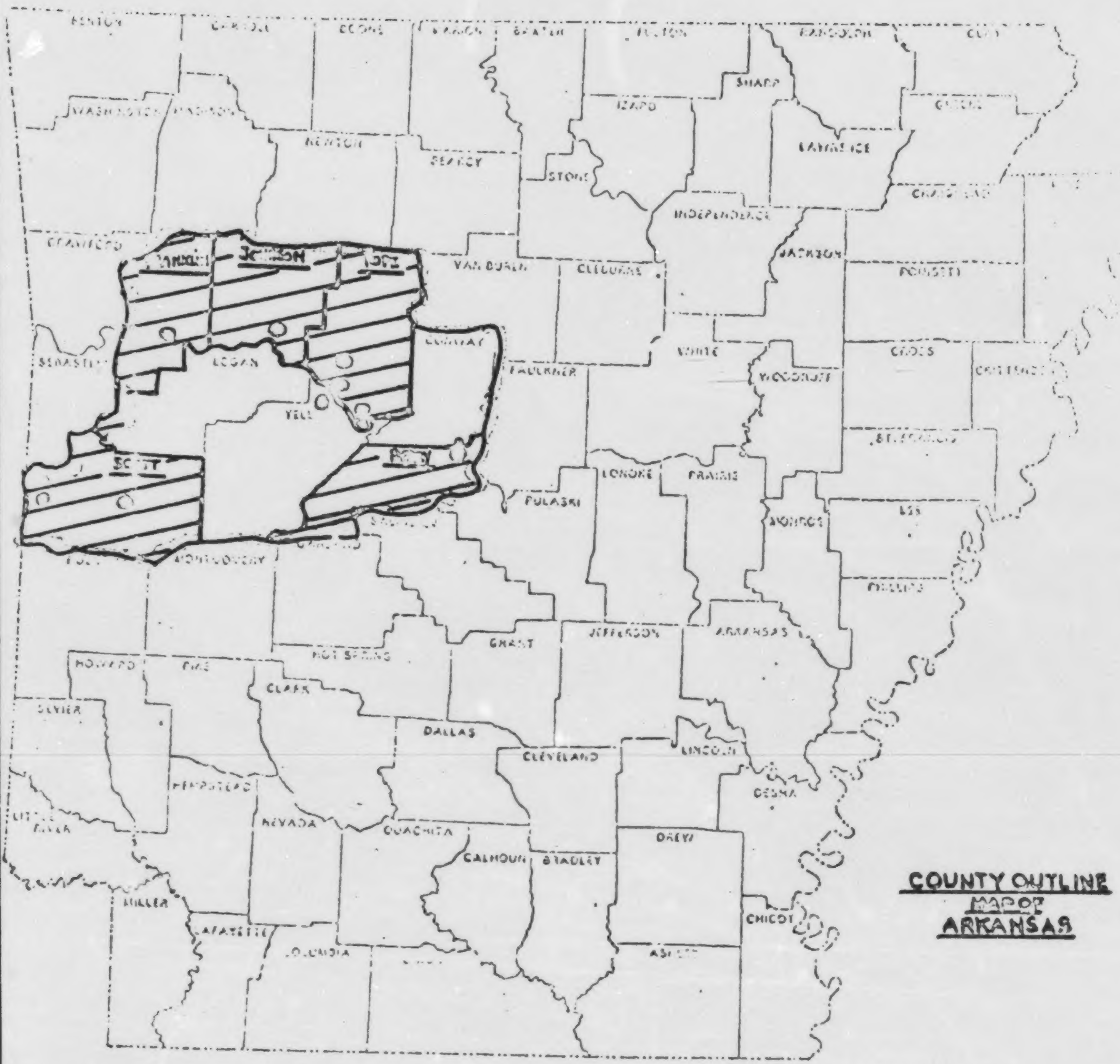
[1] See map of program area on following page.


BENTON
CARROLL
BOONE
MARION
BAXTER
FULTON
RANDOLPH
CLAY
SHARP
IZARD
GREENE
WASHINGTON
MADISON
NEWTON
SEARCY
STONE
LAWRENCE
CRAIGHEAD
INDEPENDENCE
CRAWFORD
FRANKLIN
JOHNSON
POPE
VAN BUREN
CLEBURNE
JACKSON
POINSETT
CONWAY
SEBASTIAN
LOGAN
WHITE
FAULKNER
WOODRUFF
CROSS
CRITTENDEN
YELL
SCOTT
PERRY
LONOKE
PRAIRIE
PULASKI
ST. FRANCIS
MONROE
LEE
POLK
MONTGOMERY
GARLAND
SALINE
PHILLIPS
JEFFERSON
ARKANSAS
GRANT
HOT SPRING
HOWARD
PIKE
CLARK
SEVIER
DALLAS
CLEVELAND
LINCOLN
HEMPSTEAD
DESHA
LITTLE RIVER
NEVADA
OUACHITA
CALHOUN
BRADLEY
DREW
MILLER
CHICOT
LAFAYETTE
COLUMBIA
ASHLEY
COUNTY OUTLINE MAP OF ARKANSAS

▨ AREA SERVED BY HOME START

○ HOME START OFFICES

B. Program Update

A significant change in direction has taken place in the ARVAC Home Start Program since May. From a heavy concentration on educational activities with the focal children, more emphasis is presently being placed on the total family and on involving parents more directly in the education of their own children. This is not a change in program objectives since the original work plan for Home Start in Arkansas called for a family-focus. The change is more in the way staff view their responsibilities to families, and in the way activities are being carried out.

According to Jo Ann Braddy, Director of ARVAC Head Start/Home Start, the previous emphasis on education activities with focal children can be traced to the St. Louis Home Start Conference in April 1972. She felt that the conference focused on preschool education to be delivered by Home Visitors, and that focus was carried over into the implementation of the ARVAC program.

As Home Visitors became acquainted with families, they began to feel that parents were not receiving as much attention during home visits as were focal children, even though an important program goal was to encourage parents to become primary educators of their children. During the summer, in the course of many staff meetings and discussions, Home Start staff began to make a concerted effort to expand home visit activities to emphasize the parent as teacher. When the change in emphasis was explained to families, a Home Visitor quoted one parent as saying:

> ". . . but you have been saying all along that you would be actively involving parents in the educational development of our children."

Home Visitors realize that the change may be more in their attitudes towards parents and lesson planning than in actual stated goals of the program, but they believe that such a change in their attitudes is very important.

Staffing

In addition to this change in focus there are some new faces at ARVAC Home Start. An additional Home Visitor was hired in June to work with ten families in Scott County. She was responsible for the recruitment, although a number of them had already been identified or were referred to her. She feels she is now establishing rapport with the families, gaining their confidence.

Another new addition to the central staff is Anne McElroy, the Speech and Language Development Specialist. Anne has a B.A. in Speech Pathology and has been with the program for three months.

There has been some staff changeover during the past six months. Both the Medical Specialist and Nutritionist for Head Start and Home Start left the program this summer. Two new staff members, Rose Schneider, R.N. and Cora Halcrombe, started work in September, taking over responsibility for the Health and Nutrition Components of the program. Both Rose and Cora will be working for Home Start on a part-time basis, although Rose's involvement will be limited since a VISTA Nurse has been assigned to Home Start on a full-time basis to coordinate health activities.

Families

Enrollment of families increased from 64 in May to 82 in October (approximately 10 per Home Visitor). During the six-month period, ARVAC also lost some families as a result of parent employment, a move away from the area, illness or a child entering kindergarten or first grade. The turnover rate for the six-month period was approximately 13%. Home Visitors are proud that two families "graduated" from the program after Home Visitors helped them find employment.

Of the 82 families enrolled in the program, 18 have incomes under $2,000; some 41 families have earnings under $4,000; and 20 earn under $6,000. Some 64 families have one or more parents employed. Many families participate in other federally sponsored programs, the largest single group of 14 are enrolled in the Food Stamp program. Others participate in Medicaid, Aide for Dependent Children, Neighborhood Youth Corps, and Upward Bound.

One focal child is three, 41 are four, and 41, five years old. The Director estimates that 35 focal children will leave the program in the summer 1973. The program serves 203 additional children up to age 18, who are brothers and sisters of focal children. Eight groups of parents (one for each Home Visitor) have formed Parent Organizations and have elected officers and a representative to serve on the Head Start/Home Start Policy Council. The Council met for the first time on October 10th, while the Parent Organizations have been holding regular monthly meetings since June and July.[1] It should be noted that Council meetings could not be held prior to this date since new parent representatives for Head Start were being elected.

The program estimates that approximately 48 focal children will leave the program after Year I.

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[1] See Section on Parent Participation.

II. ADMINISTRATION AND TRAINING

As was described in Case Study I, administrative responsibility for the Home Start Program is shared by the central office staff members in Dardanelle.[1] There is frequent interaction, however, between Central Office Staff, Home Visitors, and their supervisors for program planning. All staff meet weekly on Fridays to exchange information, to discuss specific problem situations and to come up with activities the Home Visitors can undertake in the home.

Direct supervision of the eight Home Visitors is frequent -- at least bi-monthly or weekly. Present plans are to have central staff members, in addition to the two Home Visitor Supervisors, make a minimum of two visits per week with one of the eight Home Visitors. This is already going on to a limited extent, althrough other matters require the attention of central staff, such as the writing of proposals and arranging for special meetings with agencies in the community.

Home Visitors meet with their families twice a week, the first visit to introduce the new weekly lesson plan and the second as a follow-up visit to review activities. Due to the tremendous distances between the homes of families, some Home Visitors would like to make only one visit per week to those families who seem to be relatively self-sufficient. They would lengthen this one visit and reduce time spent by Home Visitors on transportation. Presently, they are spending from 5 to 25% of their time driving from home to home and ferrying families to clinics and other services.

Record Keeping

In addition to forms which are completed as part of the National Home Start

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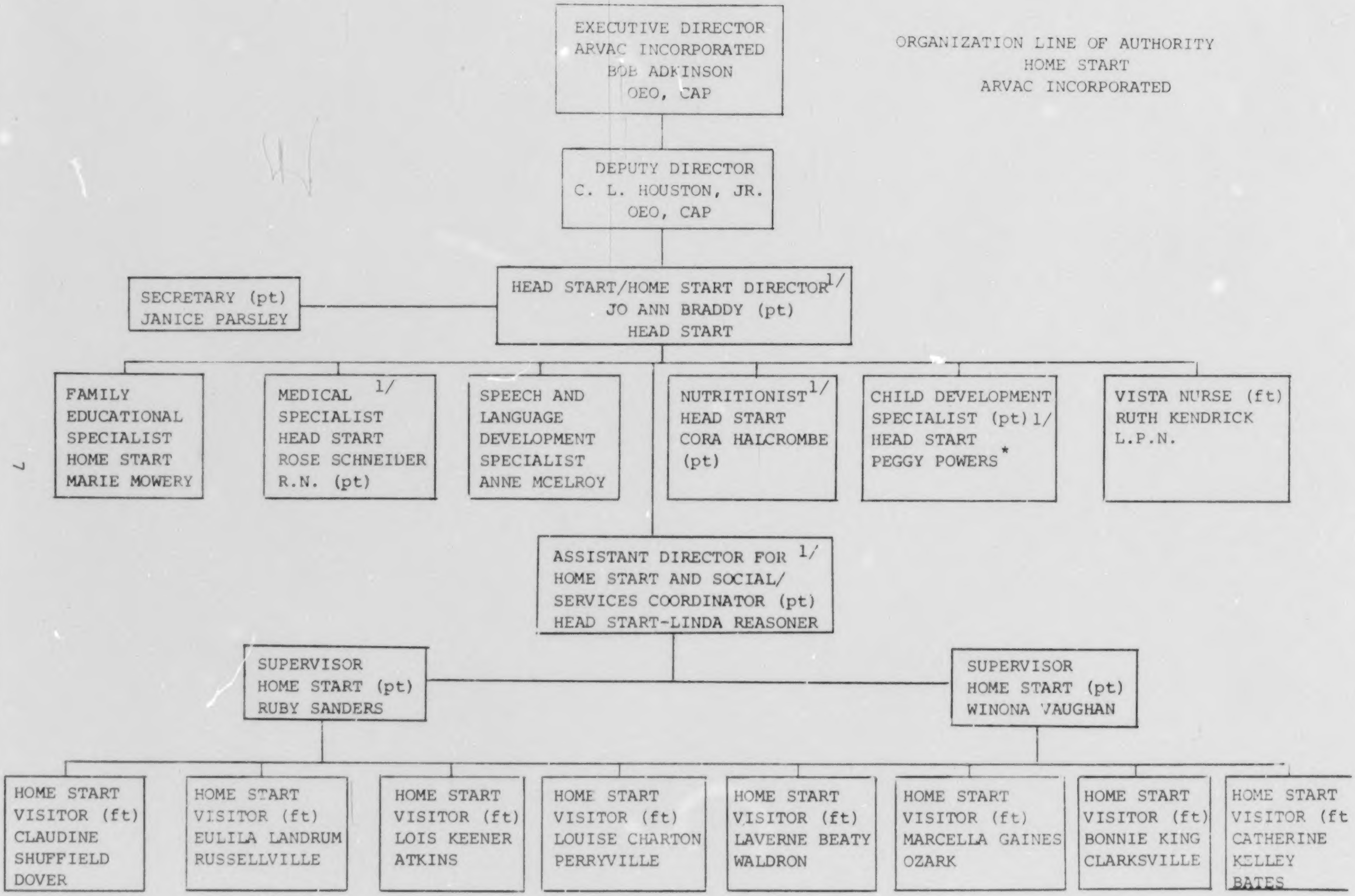
[1] See Staff Chart on following page.

ORGANIZATION LINE OF AUTHORITY
HOME START
ARVAC INCORPORATED


EXECUTIVE DIRECTOR ARVAC INCORPORATED BOB ADKINSON OEO, CAP
DEPUTY DIRECTOR C. L. HOUSTON, JR. OEO, CAP
SECRETARY (pt) JANICE PARSLEY
HEAD START/HOME START DIRECTOR 1/ JO ANN BRADDY (pt) HEAD START
FAMILY EDUCATIONAL SPECIALIST HOME START MARIE MOWERY
MEDICAL 1/ SPECIALIST HEAD START ROSE SCHNEIDER R.N. (pt)
SPEECH AND LANGUAGE DEVELOPMENT SPECIALIST ANNE MCELROY
NUTRITIONIST 1/ HEAD START CORA HALCROMBE (pt)
CHILD DEVELOPMENT SPECIALIST (pt) 1/ HEAD START PEGGY POWERS*
VISTA NURSE (ft) RUTH KENDRICK L.P.N.
ASSISTANT DIRECTOR FOR 1/ HOME START AND SOCIAL/ SERVICES COORDINATOR (pt) HEAD START-LINDA REASONER
SUPERVISOR HOME START (pt) RUBY SANDERS
SUPERVISOR HOME START (pt) WINONA VAUGHAN
HOME START VISITOR (ft) CLAUDINE SHUFFIELD DOVER
HOME START VISITOR (ft) EULILA LANDRUM RUSSELLVILLE
HOME START VISITOR (ft) LOIS KEENER ATKINS
HOME START VISITOR (ft) LOUISE CHARTON PERRYVILLE
HOME START VISITOR (ft) LAVERNE BEATY WALDRON
HOME START VISITOR (ft) MARCELLA GAINES OZARK
HOME START VISITOR (ft) BONNIE KING CLARKSVILLE
HOME START VISITOR (ft CATHERINE KELLEY BATES

*Limited involvement in Home Start

1/ Paid by Head Start

Information System, Home Visitors prepare weekly schedules of their visits which are kept by their supervisors. A slighly different enrollment form is used for Home Start families providing the program with information that cannot be obtained from the Family Information Record. Staff also use different Donated Goods and Services Vouchers. Records on the Families are kept at the Dardanelle Central Office.

In-Kind Contributions

The Director for Home Start, Jo Ann Braddy, feels that the program is behind in terms of in-kind contributions as reflected in their Financial Report. Contributions should equal at least 10% of the total budget according to federal funding requirements. A special effort will be made in the coming months to increase in-kind contributions. "The resources are available," JoAnn notes, "but we simply have had to concentrate our efforts during the past six months in other areas."

Training

In addition to extensive pre-service training, Home Visitors and other staff members have participated in various kinds of in-service training. They include:

- Training in art and music by the Regional OCD Office.
- Training in food experiences in the daily program.
- Training in psychological services available in the community.
- Training in medical, psychological and dental services.
- A toy workshop at Camp Paron in which both Home Visitors and some parents participated.[1]

Jo Ann Braddy has overall responsibility for the development of the in-service training program. Often activities are arranged for both Head Start and Home Start. In-service training is conducted at least one day a month.

All of the Home Visitors are presently attending supplementary training classes in Speech, Health and Safety, Parent Education and Community Relations, Sociology, and Pre-School Education. These classes take place in local community buildings and are financed by supplementary training funds.

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[1] See section on Education.

Staff indicated as additional training needs:

- A better understanding of Home Start goals.
- Speech and language development.
- More training to help Home Visitors recognize health problems.[1]
- Additional sessions on psychological and social services and on recognizing symptoms in the child's behavior which might indicate problems.

These needs are being taken into consideration by the Director in planning the on-going in-service training program.

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[1] Considerable health training was provided in in-service training workshops.

III. PARENT PARTICIPATION

Parents assigned to each of the eight Home Visitors started to form Parent Organizations in June and July, three months after Home Visit activities started. Group activities are conducted monthly involving both parents and children, although some Home Visitors at the request of the parents hold meetings more frequently. Coordination of these Parent Organization meetings is the responsibility of the Home Visitors who are assisted by central staff members and supervisors in terms of providing transportation and conducting special activities with the children. During the summer months, the Neighborhood Youth Corps helped out with the parent meetings.

One of the first matters addressed by parents was the election of officers for each Parent Organization and the selection of one representative from each group to serve on the Parent Policy Council which sets policy for both Head Start and Home Start. The first meeting of the Council was held on October 10th, with representatives from both programs present. The Policy Council, consisting of sixteen Head Start Parents, eight Home Start Parents, and eight community representatives, meets quarterly, while the Executive Committee meets monthly. Home Start has one representative who serves as a member of this Committee.

The October 10th Meeting of the Head Start/Home Start Policy Council dealt with program changes for Head Start. A progress report also was given on Home Start, noting that an additional Home Visitor had been hired and that the program has now full enrollment. Parents are proud about and pleased with the program. One of them commented:

> "...Home Start showed us lots of things that we did not know we could do with or teach the children."

There also was considerable discussion regarding a proposed Child Development Associates Program for ARVAC and whether or not the Council approved of submitting a proposal for this program. After considerable discussion, one parent noted; "...we might as well get our feet wet as long as it benefits our children." There seems to be an excellent working relationship between the ARVAC staff and the Policy Council.

Parent participation in the home visits has increased since May. There also is considerable involvement of fathers in home visit and group activities. Some focal parents are male, and an average of 13 fathers participate in group meetings. Unfortunately, most of the Parent Organization Meetings and field trips are held during the day when fathers are at work. JoAnn Braddy and other staff members would like to see more active participation from fathers so they can become increasingly aware of the important role they play in family life.

IV. FAMILY NEEDS AND PROGRAM SERVICES

A. Program Goals and Priorities

The overall program goals of the ARVAC Home Start, originally stated in their proposal, have not changed significantly during the first six months of operation. Staff continues to work towards:

- Involving parents directly in the educational development of their children.
- Strengthening parents in their capacity for facilitating the general development of their own children.
- Assisting families in assessing health and nutritional needs and making plans for meeting those needs.
- Planning with families in recognizing the psychological, social and behavioral needs and developing plans for meeting those needs.
- Assist parents in understanding the need and value for oral communication and to help them develop the necessary skills for good language development of their child.

What has changed, however, are some of the specific objectives set within program components to meet these goals, as well as staff development of some priorities for meeting goals. While staff agree that all areas of concern are important, the idea has emerged that some needs should be cared for first in order to facilitate meeting the rest.

Priorities discussed in October included:

For Children:
1. Health
2. Nutrition
3. Education
4. Psychological and Social Services

For Parents:

1. Psychological and Social Services
2. Health
3. Education
4. Nutrition

It should be noted, however, that priorities were not specifically assigned to program components before October. In October staff felt components were given equal attention. Home Start records indicated that Home Visitors still spent 44% of their time on educational activities in the home. It should be noted, however, that Home Visitors interpreted "educational activities" very broadly to include topics that were educational for both children and parents (such as nutrition and health education).

Program staff anticipate a shift in current priorities over the next six months -- especially for children -- as health and nutritional needs have been alleviated. These priorities reflect the general needs assessment, and the specific program component needs, objectives and services discussed in the remainder of this chapter.

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

At ARVAC, needs assessment sheets were completed by the Home Visitors without any assistance from their supervisors or any of the central staff members, although staff often discuss needs of families on a one-to-one basis or in group discussions.

None of the Home Visitors had any difficulty completing the forms, with the possible exception of the new Home Visitor who still felt a little unsure about identifying needs of families she had only been working with for a short period of time. When asked whether the parents would agree with the needs indicated on the assessment sheets, Home Visitors noted that:

- A number of the families would indicate the same needs if they were asked directly.
- Some families would definitely not agree that they need assistance in terms of nutrition or that they had psychological and/or social problems.
- Other families may not see their need for better housing and would be offended if it were suggested to them: they are satisfied with the house they live in.

A summary of needs assessment completed in ARVAC is found on the following page. While there is a total of 82 families in the program, not all of them have needs in each area and many have needs in several areas.

SUMMARY OF
FAMILY NEEDS ASSESSMENT SHEETS

Health

Problem/Needs	# of Children
General Health Needs	40
Hygiene and More Sanitary Living Conditions	10
Dental Needs	8
Anemia	5
	63

Problem/Needs	# of Parents
General Health Needs	26
Hygiene and More Sanitary Living Conditions	7
Dental Needs	8
Family Planning	3
	44

Education

Problem/Needs	# of Children
General Educational Needs	23
Behind Age Level	5
Speech Problems	5
	34

Problem/Needs	# of Parents
Adult Basic Education	24
Job Training	7
Speech Problems	1
	32

Nutrition

Problem/Needs	# of Children
Better Diets	39

Problem/Needs	# of Parents
Garden Planning and Food Preservation	7
Education in Food Buying & Preparing Nutritious Meals	22
Additional Income to Buy More Food	4
	33

Social and Psychological

Problem/Needs	# of Children
Social Interaction and Group Experiences	23
General Psychological and Social Needs (Not Specified)	3
Self-confidence	2
Clothing	2
	30

Problem/Needs	# of Parents
Social Interaction and Group Experiences	20
Housing (including the addition of a bathroom to the house, a new well, etc.)	36
Employment	10
Income Assistance	9
General Psychological Needs	6
Education in Money Management and Budgeting	5
	93

C. Program Components: Objectives, Services, Needs

1. Education

Objectives - Spring 1972

Home Start staff detailed several objectives for education during the first six months of program operation.[1] Although these objectives were defined for the start up of the program, they continue to be useful in guiding the educational planning of the program. Staff continue to pursue objectives through lesson planning, twice-weekly home visits, group meetings and field visits. They feel that several objectives have been achieved, however, with many of their families. General objectives, drafted in May 1972, are:

- To establish a work area for the child (this was done during the initial visits to the home when Home Visitors made boxes for the children in which to store educational materials, drawings, etc.).
- To make the child aware of the fact that there is a world outside his own limited environment; to expose the child to at least two new environments other than his/her own; and to teach the child the names of persons in his/her family, his/her address, his/her age, sex, etc., and to make him/her realize that he/she is an individual apart from anyone else.
- To use everyday objects as learning experiences and to let the child experiment with simple tools of learning, such as scissors, crayons, paste, etc.
- To help the child understand that learning can be fun and that you don't have to sit still to learn.
- To initiate the development of an atmosphere conducive to learning.
- To begin to stress to parents and child the importance of muscle development, both large and small, physical fitness, eye-hand coordination, etc.
- To encourage two-way communication between the parent and child and to make parents aware of the importance of spending time with the child and trying to answer his/her questions.

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[1] A detailed list of objectives for all Home Start operations appears, along with program goals, in the Appendix to the first Case Study.

- To communicate to parents the extreme importance of attention and exposure to learning experiences during the early years of life.
- To build the child's self-confidence.
- To inform parents of facilities available for further learning experiences (library, bookmobile, recreation facilities) and to show parents how to construct cheap playground equipment.

Several of the objectives are intended to emphasize parent participation in the educational activities suggested by the Home Visitor. As mentioned earlier, the program has recently placed more emphasis on parent participation, bringing actual home visit activities more in line with objectives and with needs identfied by Home Visitors.

Objective Achieved

Although few educational goals are specific, there are many instances which indicate that the program is moving toward its objectives.

Home Visitors and the Family Education Specialist plan activities that are appropriate for each child and his or her family, using a check sheet completed for each focal child at the time of enrollment. This sheet indicates each child's general ability level in terms of using scissors, tracing outlines, counting, etc. Information on the development levels of children is also gathered directly by Supervisors and/or other central staff members who accompany the Home Visitor on visits to each family at least once each month. Plans in May called for the child's check sheet to be updated every six months, but the Family Education Specialist does not plan to use it again until new families are enrolled in the program.

Curriculum plans indicate increased parent participation in home visit activities. Home Visitors have recently begun leaving weekly educational guides with parents. These guides explain the objectives of the weekly lesson plan and suggest learning experiences the parent can undertake with her children. For large muscle development, for example, the guide suggests letting the child help with simple household chores, such as taking out trash, carrying small containers of water, sweeping the floor, etc. To make these activities fun for the child, the guide suggests that the mother sing a little song or rhyme to go with each chore.[1] During visit, the Home Visitor asks about these joint activities. During the past few months, home visit activities have centered around:

- Classification (hearing, smelling, vision) and development of visual memory.
- Prepositions (concepts such as in front, behind, on top) and development of eye-hand and eye-foot coordination.
- Development of fine and large motor skills.

In line with its general educational objectives, ARVAC Head Start/Home Start staff participated recently in a meeting of school teachers, superintendents and principals of the eight-county area ARVAC serves. The primary purpose of this meeting was to sensitize school personnel to preschool programs such as Head Start and Home Start. Generally, staff feel that more communication is needed between the schools and programs such as Home Start, in order to "prepare school for kids" rather than "prepare kids for school."

Home Visitors currently spend 44% of their time in the home on educational activities. Additional time each week is spend with the Family Education Specialist and Home Visitor Supervisors planning activities and reviewing weekly lesson plans.

Referrals for education for both children and parents were minimal during the first six months of operation. Three parents were referred to Public Schools for GED classes, while no referrals were made on behalf of focal children. Staff is careful to point out that they view Home Start as being able to meet the educational needs of focal children.

Needs - Fall 1972

On the needs assessment sheets, Home Visitors indicated educational needs for approximately 16% of all focal children (or 13). Some children are behind their educational age level. The rest of the focal children participate in educational activities appropriate for their age level and are not seen as having educational problems. Needs also were identified for 16 siblings of focal children.

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[1] See Appendix B for an example of the weekly lesson plans and the educational guides for parents.

Of the total families, 38% have educational needs. Some parents need to learn how to read and write, some need to upgrade vocational skills, and some need preparation for "social living." It should be noted that nearly 40% of the focal parents in this program have formal education of less than eight years.[1]

For Children

General educational needs not specified)	23
Behind age level in terms of education	5
Speech problems	5
Tutoring for sibling	1

For Parents

Adult basic education	24
Job training	7
Speech problems	1

Additional Arrangements for Meeting Needs

Children -- A Speech and Language Development Specialist has recently been made available part time to work with Home Visitors. This specialist, Anne McElroy, is presently evaluating all focal children for speech problems and arranging referrals for special problems such as cleft palates. Most problems she has identified among the 15 children tested so far are of basic language development. She hopes to hold some training sessions for Home Visitors to help them recognize and deal with minor speech and language problems; she also will help develop simple language exercises to include in the weekly curriculum. (Ms. McElroy will also help one parent who has speech problems.

Parents -- Fully 75% of the educational needs identified for parents were for adult basic education. While only three families have been enrolled in GED classes to date, Home Visitors hope to enroll additional families soon. They point out, however, that it is often difficult to get families to attend classes because parents are needed in the fields, do not have access to transportation, or do not have available babysitting for children at home. It should be noted that while these needs were identified by Home Visitors, parents do not necessarily agree. Home Visitors are trying to teach reading and writing skills to parents at home, and helping families to recognize their need for basic adult education.

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[1] 37% of focal parents have formal education from one through eight years; 42% have nine through twelve years; 18% are high school graduates; 1% received vocational training and 1% had no formal schooling.

Needs for job training among Home Start parents are addressed in Section B.3, Social/Psychological Services.

Objectives - December 1972

The May objectives have now been refined as staff begin to discover what kinds of specific education needs families have. The following objectives were outlined by the program, after reviewing preliminary objectives and assessing the needs of families during October. It should be noted that the ARVAC Program from the start of program operations has had a system for setting objectives at three- and six-month intervals. Staff is careful to point out, however, that educational objectives for children cannot be broken down into three month objectives because of the different rates at which children learn. The revised objectives are:

Barring physical disabilities and/or learning disabilities, each focal child will:

Objective[1]	Resource	Completion Date
1. Know his name, age, address, and names of the members of his immediate family	Parents Home Visitors Family Education Specialist Community Resources	June 1973
2. Be able to name the objects in his immediate environment		same
3. Be able to name the major parts of the body and the five senses		same
4. Be able to identify at least three different objects through using each sense separately	same	same

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[1] Objectives were reorganized for the case study. See Appendix C for the objectives as they were written by the program.

Objective	Resource	Completion Date
5. Have been exposed to at least two different books per week	Parents Home Visitors Family Education Specialist Community Resources	June 1973
6. Have been taken on at least two field trips per month		same
7. Have been involved in at least two group activities involving other children per month		same
8. Have experimented with at least six different art mediums in self-expression	same	same
9. Have been involved in a musical activity at least once a week	same	same
10. Know at least six colors, primary and secondary and have experimented with mixing colors to make new ones	same	same
11. Be able to classify objects in his environment through the use of the five senses (a) using one property, and (b) using two properties	same	same
12. Be participating in daily activities at home with his parents and family	same	same
13. Be able to classify objects in his environment as to living and non-living, and as to plant, animal, and neither plant nor animal	same	same
14. Have learned at least two new words per week and how to use them correctly	same	same
15. Know the four seasons of the year and the one environmental change that comes with each	same	same
16. Know of at least three different kinds of animals that live in his environment and their habits - type of shelter and food	same	same
17. Have experimented with growing plants and caring for them	same	same
18. Know at least two of the community facilities in their area	same	same
19. Have had supervised large and small muscle activity at least once weekly	same	same

Objective	Resource	Completion Date
20. Have been put in problem solving situations at least once weekly and given the time to solve it himself	Parents Home Visitors Family Education Specialist Community Resources	June 1973
21. The children of 20 families, age 4 and above, will be evaluated for speech and language problems	Speech and Language Development Specialist	March 1973
22. Children of an additional 20 families will be evaluated for speech and language problems (80 evaluations will have been completed at this time)		June 1973
23. Children requiring complete evaluations will be referred to the Arkansas Speech and Hearing Center in Little Rock or to another appropriate agency	Speech and Language Development Specialist Arkansas Speech and Hearing Center	June 1973
24. Conduct one language class with the Atkins area Home Start children. Emphasis will be placed on parent involvement	Speech and Language Development Specialist	June 1973
25. The Speech and Language Development Specialist will contribute at least two written objectives and/or resource materials to the weekly lesson plans	same	March 1973

For parents, the program identified the following objectives:

Objective	Resource	Completion Date
1. Five parents with identified educational needs will be assisted in meeting these needs by being enrolled in Basic Adult Education, General Education, or Vocational training classes	Home Visitors Director State Department of Education	March 1973
2. A survey of parents and community will be conducted to find those interested in enrolling in Basic Adult Education, GED, or Vocational training classes, and the staff	same	June 1973

Objective	Resource	Completion Date
will work in cooperation with the Arkansas State Department of Education to establish classes in areas where needed		
3. A minimum of 20 focal parents will add their goals and/or objectives to the weekly lesson plans prepared by the Family Education Specialist	Focal Parents Home Visitors Central Staff	March 1973
4. A minimum of 40 focal parents will add their goals and/or objectives to the weekly lesson plans	same	June 1973
5. A minimum of one Home Start parent who cannot read or write will be evaluated and will receive assistance in a home-based learning program	Speech and Language Development Specialist Home Visitors	March 1973
6. Home Start visitors will be trained to assist at least 16 parents in simple speech and language techniques to use with their children	Speech and Language Development Specialist	June 1973
7. Four parent programs related to the area of speech and language will be presented in an effort to make them aware of natural and informal situations in everyday life which make language more readily meaningful to the child	same	same
8. At least two Home Start parents who cannot read or write will be assisted in home-based learning techniques	Speech and Language Development Specialist Home Visitors	June 1973

2. Health

Objectives - Spring 1972

In May of 1972, ARVAC Home Start identified as preliminary health objectives:

- To recognize symptoms of problems and find a source for for correction.
- To introduce the family to services that are available and urge their use.
- To introduce good health habits and dental care.
- To acquaint other agencies with problems of poverty.
- To deliver health services.

Expanded health objectives are now viewed as a first priority by staff for families, especially children.

Objectives Achieved

All staff feel that these preliminary objectives have been achieved since May although some health problems are still being diagnosed through lab tests and physical examinations. Primary responsibility for the health component of the program lies with Ruth Kendrick, a VISTA Nurse assigned full time to Home Start. During the first six months of the program, Ruth made a visit to each of the families enrolled in Home Start and established a health record for the focal child. Ruth also made preliminary arrangements for health care and then requested Home Visitors to follow up on these appointments.

Ruth spends an average of 12 hours a week or about one quarter of her time providing services directly to families: most ofher work with families is making referrals. She also makes some home visits. Ruth's remaining time is devoted to developing community resources which will assist Home Start in providing health services, and to participation in some of the Parent meetings where she talks with the mothers about health and dental care and good nutrition.

Most health referrals are made to local Health Departments in the five-county area for lab tests, hearing and vision tests, immunizations, family planning[1] and medical treatment. A number of services are being provided by private physicians and dentists. Money has been allocated to pay for physical and dental examinations at a reduced-fee-basis - $5 for physical examination (only after all immunizations have been completed) and $6 for an initial dental visit - since they are not provide by the Public Health Departments. All children under six enrolled in Home Start - focal children and siblings - are eligible for this service. Other medical expenses can be paid by Home Start if the family is unable to pay. When health care is being paid for by Home Start, Home Visitors need to complete a purchase order for the VISTA Nurse's approval. Only in case of emergencies can a child be taken to a doctor without a signed requisition. Only 3.7% of the families are enrolled in Medicaid.

Since transportation to clinics and doctors is also a major problem in the five-county area, Home Visitors and other staff members often have to provide transportation for the families to make sure appointments are kept.

Home Visitors reported spending an average of 19% of their time in the home on health care and much of this time is spent arranging health referrals with families. Some 87% of all referrals made during the first six months were for health services. A number of families have been referred but have not been able to see a physician, public nurse, or dentist because of waiting lists. A total of 233 focal children received health care. Referrals resulted in the following services for focal children:

● General examinations	9
● Eye examinations	25
● Hearing examinations	25

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[1] When funding became available for family planning the five-county area was only allocated funds for a very limited number of vasectomies and tubaligations. Since funding has already been exhausted, help must be sought outside this area.

Dental examinations	23
Lab Tests	72
Immunizations	35
Medical treatment	10
Dental treatment	14

A number of referrals, expecially for immunizations, were made for other children in the home, and 37 referrals were made on behalf of parents.

Needs - Fall 1972

Needs assessment forms show that 66% of all focal children and 38% of the focal parents continue to have health needs. This makes health the number one priority for children enrolled in the Home Start program. It should be noted, however, that this priority does not indicate a crisis situation in health: Home Visitors point out that many problems have already been addressed, or arrangements for medical care are presently being made. Staff generally feels that health needs must be addressed before other problems can be corrected.

For Children

General health needs (frequent sore throats, getting the child to a clinic for immunizations, and other health needs often not specified).	40
Hygiene and more sanitary living conditions.	10
Dental needs.	8
Anemia.[1]	5

For Parents

General health needs (not specified).	26
Hygiene or more sanitary living conditions.	7
Dental needs.	8
Family planning.	3

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[1] As a result of hemaglobin testing, a number of Home Visitors indicated anemia as a health problem; others listed this problem under nutrition as a need for better balanced and more nutritious meals.

Additional Arrangements for Meeting Needs

Health needs of families will continue to be identified, treated and referred by VISTA Nurse Ruth Kendrick working with Home Visitors. In addition, Ruth will be working closely with Rose Schneider, the new Medical Specialist for Head Start and Home Start, to acquaint her with Home Start and her overall activities in providing health care. Ruth is planning to leave ARVAC in June 1973 for her next assignment.

Objectives - December 1972

The basic process for meeting health needs has been established at ARVAC; e.g., identify health needs for parents and children and make referrals to appropriate agencies.[1] Additional attention is now being focused on seeing that services are actually received and that good health and dental habits are established in the home. Specific objectives for the next six months include:

Objective	Resource	Completion Date
1. To continue physical and dental examinations for all focal children and siblings under 6	VISTA Nurse Local M.D.'s and D.D.S.'	March 1973
2. To complete follow-up recommendations from M.D.'s and D.D.S.' for focal children and siblings under 6	same as above	June 1973
3. To continue immunizations program of all children	VISTA Nurse Public Health Departments of each county	March 1973
4. To make complete records on focal children who will be going to school	VISTA Nurse	June 1973
5. To continue instruction and education with parents for dental and health care	VISTA Nurse	March 1973
6. Send records of focal children to school they will be enrolled in	VISTA Nurse	June 1973

---

[1] If new children are enrolled to replace some who drop out of the program, the objectives will be to "telescope" screening, audio and vision exams, M.D. and D.D.S. examinations and carry out recommendations as time will permit. Since there is a shortage of medical personnel and dentists in the area, there may be a time lag between appointments and actual treatment. In this case, some of the lately enrolled children who will leave the program in June, 1973, may not receive the care the program plans.

[2] Objectives were reorganized for the case study. See Appendix C for the objectives as they were written by the program.

3. Psychological/Social Services

Objectives - Spring 1972

Objectives in May for the next six-month period called for:

- To develop sound rapport with the focal parent and other parent if at all possible.
- To gain the parents' confidence as someone who wants to and is able to be of help to them.
- To make parents aware of existing facilities available to them.
- To identify pertinent developmental problems of family members.

Objectives Achieved

Staff believe they have established good relationships with parents and have achieved most of their objectives. They will continue to help parents identify problems and resources for assistance. Home Visitors recognize that action to meet social and psychological needs must often wait until parents are ready to be helped or to ask for assistance.

Home Visitors have primary responsibility for referring families for psychological and social services available in the communities. They report an average of 17.6% of their time with the families is spent addressing problems related to their psychological and social well-being, such topics as housing, employment, marital problems, and budgeting. The Home Visitors attempt to build self-confidence in both the children and the parents during home visits.

Referrals for psychological and social services during the past six months totaled 41; this number is less than 10% of all referral service received by families. Home Visitors attribute the limited number of psychological and social referrals to the fact that families cannot be helped unless they have identified a need for services themselves or ask the Home Visitor for assistance. Dealing with psychological and social needs requires great sensitivity from staff who work with families; staff feel they must make sure they do not push their standards on families or initiate changes unless the families are ready for them.

Referrals during the past six months were made to the Welfare Department for Food Stamps, Financial Assistance, and Social Security; to the Employment Security Division and ARVAC Inc. for jobs; to the Russellville Housing Authority for low rent housing and to ARVAC for information on housing loans; to the Public Schools for Title I Clothing; and to the Community Mental Health Center for Counseling. A few referrals were also made for focal children: to the Parks and Recreation Department for swimming lessons and to the Kiwanis Club for attendance at a nearby boys' camp.

In addition to these community resources, ARVAC is using the services of Dr. Calvin Dunham, a Sociologist at Arkansas Tech. Dr. Dunham frequently attends staff meetings, and accompanies Home Visitors on visits to assist them in dealing with special problems.

Needs - Fall 1972

Psychological and social needs of parents were ranked most critical by ARVAC Home Start staff with 85% of all families enrolled in the program needing some service in this area. Just as health for focal children is a priority, staff rate the psychological well-being of parents of similar importance, to be addressed before many other needs. According to staff, 37% of the children also have psychological and/or social needs.

For Children

• Social Interaction and Group Experiences	23
• General Psychological and Social Needs (not specified)	3
• Self-Confidence	2
• Clothing	2

For Parents

• Social Interaction and Group Experiences	20
• Housing (including such things as the addition of a bathroom to the house, a new well, etc.)	36

• Employment	10
• Income Assistance	9
• General Psychological and Social Needs (not specified)	6
• Education in Money Management and Budgeting	5
• Alcoholism	4
• Counseling	3

As noted earlier, parents might not necessarily agree with the needs identified by Home Visitors.

Additional Arrangements for Meeting Needs

Many of the problems termed social and psychological can be addressed only gradually by Home Visitors and parents. For example, social interaction and group experiences for both children and parents appear to be a major need in rural Arkansas. Both children and parents participate in monthly group meetings. Home visits are supplemented by field visits to the zoo, to the swimming pool and to farms during harvest. Staff feel that these group experiences do not adequately alleviate the isolation of parents and children, or that it is within their realm to do so. Home Visitors believe opportunities for socializing exist outside as well as inside Home Start, if parents become more aware of their own needs to be with other people and the needs of their children to play with other children and to be exposed to different environments.

Housing problems for families include needs for indoor plumbing, repairs, more room, safer heating, new wells or water supply, and for one family, enough money to finish building their home. Arrangements are being made with the ARVAC Housing Division who will assist Home Start families in obtaining loans for additions or improvements to the homes or to find more suitable housing. A profile has been established for 40 families containing information regarding family income, number of household members, etc. These profiles will be reviewed in order to seek assistance for families who need housing or who may be eligible for a home improvement loan.

Employment opportunities for parents in ARVAC region are few. Through ARVAC, Home Start mothers will be eligible for a crafts program in which they can learn to make quilts which will be sold collectively through ARVAC.

Objectives - December 1972

The four objectives drafted by ARVAC for social/psychological service in May 1972 referred specifically to 1) start up relationships with families, and 2) general statements expressing what they wanted to achieve for families in this broadly defined area. In December, revised objectives are:

Objective[1]	Resource	Completion Date
1. To identify parents with housing needs and to provide information regarding loans for home purchases, improvements, or additions to 25% of those families interested in housing assistance	Home Visitors ARVAC Housing Specialist	March 1973
2. To identify parents with housing needs and provide information on loans for home purchases, improvements, or additions to 50% of those families interested in housing assistance	Home Visitors ARVAC Housing Specialist	June 1973
3. To provide parents, who are ready, more opportunities for group activities and socialization experiences by increasing group activities to a minimum of 2 per month	Home Visitors & Supervisors Central Staff	March 1973
4. To increase group activities for parents who are ready to a minimum of 3 per month	Home Visitors & Supervisors Central Staff	June 1973

---

[1] Objectives were reorganized for the case study, see Appendix C for the objectives as they were written by the program.

5. To assist families with employment needs to make plans for meeting these needs and to provide at least 25% of the families desiring assistance in employment the needed information, counseling, and/or assistance	Home Visitors & Supervisors Central Staff Community Resources	March 1973
6. To provide at least 50% of the families desiring assistance in employment the needed information, counseling, and/or assistance	same as above	June 1973
7. To provide guidance and support to the focal parent in his ability and role as a parent through positive statements and referrals for help when needed	Home Visitor Psychological Services Specialist Mental Health Clinics	June 1973
8. To give parents a working knowledge of the existing clinics, classes, books, articles and other resources available for their use, including names, phone numbers, addresses, etc.	same as above	same
9. With the help of other staff to present at least four parent group programs concerning psychological problems the families might have, such as discipline, sibling rivalry, jealousy, etc.	same as above	same
10. To inform parents of trouble signs to watch for in their children so that behavioral problems can be identified and solved before they alter the personality structure of the child	same as above	same
11. To inform parents, through talking, pamphlets, films, etc. of the importance of 2-way communication between parent and child	same	same
12. To improve the child's self-concept as measured by the increased number of positive statements initiated by the child	same	same
13. To improve the parents' self-concept and self confidence as measured by the increased number of times the parents takes the initiative in fulfilling his responsibility	same	same
14. To inform parents as to what is a normal range of development for each age level child	same	same
15. To bring parents any handouts, resource material, articles, pamphlets, etc., concerning children's behavior, parental roles, communications between families, etc.	same	same

4. Nutrition

Objectives - Spring 1972

Early goals for the nutrition component of the Home Start program were:

- To become familiar with the food habits of the families.
- To become familiar with cooking equipment and utensils available to families.
- To determine possible nutritional needs of family members.
- To help the homemaker recognize special nutritional needs of her family members.
- To aid the homemaker in planning and preparing nutritious, low-cost, appetizing meals for her family.
- To help the homemaker learn how to plan menus using the basic four food groups.
- To help the homemaker recognize the need for serving foods in the basic four food groups.

Objectives Achieved

Progress is being made toward objectives in nutrition, according to Home Visitors, althrough nutritional services have been somewhat interrupted by a change in nutrition personnel. The new nutritionist will continue to be responsible for both Head Start and Home Start nutrition planning. A more careful assignment of responsibility will be made, according to the Director, so that the nutritionist will spend more time with Home Start than did her predecessor.

Most nutrition services during the first six months of the program were provided by Home Visitors and the VISTA Nurse. Home Visitors report that they spend an average of 20% of the time they are in the home working with the mother and the child on nutrition. They discuss the basic four food groups and use materials such as nursery rhymes, food charts and leaflets provided by the VISTA Nurse, Ruth Kendrick. Ruth also discusses nutrition with the families in group meetings and when she accompanies a Home Visitor.

Home Visitors are well prepared for providing thdse services. Several came to Home Start with experience as Home Management Aides (homemakers) with ARVAC. Another Visitor, with experience as a Head Start cook, is especially familiar with nutritional planning for preschool children.

Nutrition needs constituted only 4% of all referrals made during the first six months of program operations. Families were referred to:

- The Public Schools for Title I free lunches.
- The Agricultural Extension Service for information on Gardering, Landscaping and Food Preservation.
- Social and Rehabilitative Services for Food Stamps.

During the summer, a number of nutrition activities were undertaken by the Home Visitors, including:

- Individual or group sessions with parents on food canning.
- Discussions at group meetings by a Home Economist on meal planning and good eating habits.
- A demonstration by a Home Visitor with active participation from parents on cooking zucchini, making cole slaw and ice cream. (Other Home Visitors plan to do this as soon as food commodities become available to Home Start.)
- Discussions with both the parents and children about types of foods and food values.

Needs - Fall 1972

Home Visitors indicated on the needs assessment sheets that nearly half of the focal children need better diets. Among parents, 30% are said to have nutritional needs, but these needs are more diverse, and include education in food purchase and preparation, guidance in garden planning and food preservation, and additional income to buy food.

For Children

● Better diets.	39

For Parents

● Garden planning and food preservation.	7
● Education in food buying and preparing more nutritious meals.	22
● Additional income to buy more food	4

Additional Arrangements for Meeting Needs

The Nutrition Component of the Home Start Program will receive more attention from the new Head Start/Home Start Nutritionist, Cora Halcrombe, although she has not been with the program long enough to formulate specific plans.

Some Home Visitors find it difficult to convey to a mother that she is not preparing nutritious meals for her children, or buying foods which are best for her children's health. One of the Home Visitors points out: "There is not a family I go to that doesn't have plenty to eat: the problem is that the children do not always eat the right kinds of food."

Objectives - December 1972

Revised objectives for the nutrition component are:

	Objective[1]	Resource	Completion Date
1.	To use the food questionnaire to define the families' greatest need in area of nutrition	Nutritionist	March 1973
2.	To work with at least 33% of the families in planning and preparing nutritious, low cost, appetizing meals for her family, through experiment lab-using the basic four Food Group form	Nutritionist Community Resources	March 1973
3.	To have worked with 75% of the families on the same topic	same as above	June 1973
4.	To have worked with 50% of the on safety in the home	Nutritionist	March 1973
5.	To have worked with all parent groups on safety in the home	Nutritionist	June 1973
6.	To acquire all available literature from Extension Service for families on gardening, canning and freezing	Nutritionist Community Resources	March 1973
7.	To have provided information to all families on canning and freezing vegetables, fruits, and other foods during months they are in season	same as above	June 1973
8.	To work individually with families who have never canned before	same as above	June 1973
9.	To include at least two items on nutrition for each weekly lesson plan	Nutritionist	June 1973

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[1] Objectives were reorganized for the case study. See Appendix C for the objectives as they were written by the program.

APPENDIX A

SUMMARY - CASE STUDY I

MAY 1972

ARKANSAS RIVER VALLEY ACTION COUNCIL INC. HOME START PROGRAM
ARKANSAS

CASE STUDY I -- SUMMARY

Spring 1972

[The following summary describes the program as it was in May 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study, Interim Report 1a (case studies).

The Arkansas River Valley Action Council Inc. (ARVAC) Home Start is a rural program serving mostly white families who live in great isolation in a five-county area (Pope, Perry, Franklin, Johnson and Scott), covering some 3,560 square miles. The program is an adjunct of Head Start and is operated out of a Central Office in Dardanelle and seven local Home Start offices.

Prior to Home Start funding, ARVAC operated a home-based program in 1966 and 1967. Its focus was on the family, however, rather than on providing services to the pre-school child. A number of the former Home Management Aides are now serving Home Start as Home Visitors.

The ARVAC Home Start Program has been in full operation since funding became available on March 15, 1972. In fact, the 64 families that were enrolled in the program at the end of May had been recruited prior to that date (as was the Home Start staff).

Staff

Staff was hired in January to participate in an intensive pre-service training program the following month. Since no funds were available at that time, staff was on loan from other community programs. The staff consists of eleven full- and six part-time staff members. In addition to seven Home Visitors who are serving ten families each, there is a large core staff who provide specialized services to the Home Start families. (Director of Home Start/Head Start, Assistant Director for Home Start, Child Development Specialist, Medical Specialist, Nutrition Specialist, VISTA Nurse, and two Home Start Supervisors). At the end of May, the program was still recruiting an eighth Home Visitor and a Speech and Language Development Specialist.

Staff Training

Pre-service training was conducted during the month of February for Home Visitors and other staff members. In addition to lectures and discussions on Home Start goals and objectives, there was considerable field training at local Head Start Centers.

In-Service training will be conducted on a monthly basis and will be part of Head Start training activities.

Services

Each of the Home Visitors is assigned to a group of 10 families, which they visit twice a week. These visits will be supplemented by monthly group meetings for the parents, and Home Start children and a variety of field trips.

Education

The Education Component of the Home Start Program has been carefully planned to give children a "head start" in life and to create an environment which fosters growth and development. Educational activities to be undertaken in the home are detailed in weekly lesson plans which are developed by the professional Home Start staff. Each visit is individualized, however, to meet the child's special needs. Staff use a wide variety of educational materials to achieve the objectives of the weekly lesson plans.

Psychological/Social Services, Nutrition, and Health

These three program components are primarily built around existing community resources. Since some of these services, such as medical and dental care, are scarce, the VISTA Nurse and the Staff Nutritionist are providing assistance directly in the home. Home Visitors, Supervisors and Central Staff share responsibility for making referrals on behalf of their families.

Parent Participation

The Home Start Program will be represented on the Head Start/Home Start Policy Council. The eight Home Start Council members are to be drawn from each group of ten families who will form their own local Home Start Policy Committees.

Program Goals and Objectives

The overall goals of ARVAC Inc. Home Start, as stated in the proposal, are as follows:

- To involve the parents directly in the educational development of their children.
- To strenthen parents in their capacity for facilitating the general development of their own children.
- To assist families in assessing health and nutritional needs of their families to make plans for meeting those needs.
- To plan with the family in recognizing the psychological social and behavioral needs and to develop plans for meeting those needs.

Specific objectives for each Program Component are described in the Case Study.

The program is dynamic and unique, providing a much needed service to families who live in almost total rural isolation.

APPENDIX B

Sample of Weekly Lesson Plan
Educational Guides for Parents

WEEK 6 10-2-72 through 10-6-72

TOPIC: ALL ABOUT ME
THEME: MY BODY (As a Whole)

OBJECTIVES	LEARNING EXPERIENCES	TEACHING METHODS AND RESOURCES
1. To introduce how all parts of the body work together.	1. Make a puzzle of a little boy or girl. Discuss how each part of the body helps and directs each other part. How would our own activities be limited if an arm, foot, etc. were gone.	
2. To introduce exercises as means of keeping the body healthy.		
3. To help to develop physical co-ordination.		
4. To expose child to small successes to help him feel good about his size and age.	2. Play active outdoor games. Talk to parents about the benefits of using muscles.	
5. To begin to develop skills in handling balls, jumping ropes, skipping, hopping, climbing, crawling, etc.	3. Walk a balance beam; throw a ball in a basket, step on stones, etc.	
6. To introduce safety rules in handling sports equipment and in group games.	4. To make a height and weight chart.	
	5. Plan a group activity for children to play active games together.	
7. To introduce mother and father to what a three, four, or five year old should be able to do.	6. Stree correct ways of using whatever equipment you have to use.	
8. To inform parents of agencies that can be of help in correcting any physical handicaps, (where applicable.)	7. Have a talk with parents as to what they can and can't expect their child to be able to accomplish.	
9. To inform parents of where they can obtain pamphlets on psychological benefits of play and exercise.		
10. To leave chart or recipes for foods high in protein and why we need it		

Daily Educational Guides
for Home Start Parents

WEEK 6 10-2-72 through 10-6-72

TOPIC: All About Me
THEME: My Body (As a Whole)

OBJECTIVES

1. To introduce how all parts of the body work together.
2. To introduce exercises as means of keeping the body healthy.
3. To help to develop physical co-ordination.
4. To expose child to small successes to help him feel good about his size and age.
5. To begin to develop skills in handling balls, jumping ropes, skipping, hopping, climbing, crawling, etc.
6. To introduce safety rules in handling sports equipment and in group games.
7. To introduce mother and father to what a three, four, or five year old should be able to do.
8. To inform parents of agencies that can be of help in correcting any physical handicaps. (where applicable.)
9. To inform parents of where they can obtain pamphlets on psychological benefits of play and exercise.
10. To leave charts or recipes for foods high in protein and why we need it in our diets.

LEARNING EXPERIENCES

1. Cut out pictures of little boys and girls.
2. Make puzzles from the picture. Have fewer pieces for small children and more for older children.
3. Fix a place in the house that can be used as a balance line. You can put down a piece of tape, cut out foot prints or just use the boards in the floor. Have your child walk it frontwards, backwards, sideways, hopping, skipping, tip-toein etc.
4. Toss buttons in empty egg cartons, color the divisions in the carton, score game by the colors. Make it easy so the child can succeed. Emphasize taking turns. (this is done easier by reasoning with the child than forcing him).
5. Compliment him often.
6. Let your child help with household chores that he can do, suc as taking out trash, carrying small containers of water, swee ing floor or raking leaves. These activities are all good fo large muscle development. Make it fun for your child with a little song or rhyme to go with each chore.

WEEK 7 10-9-72 through 10-13-72

TOPIC: All About Me
THEME: Head & Trunk of My Body

GOALS AND OBJECTIVES	LEARNING EXPERIENCES	TEACHING METHODS AND RESOURCES
To introduce the child to the head and its external parts through visual aids and a mirror study of his own head. A. eyes B. ears C. nose D. mouth E. hair	1. Have pictures, drawing or flannel board story of parts of the head.	
To introduce the child to interal parts of the head and their uses by using a model or picture to identify and explain the parts. A. skull B. brain	2. Have some means of demonstrating what each part is for. Have pictures or models of skull and brain. A. skull made of bone-serves as protector of brain. B. brain-grey and white-where all movements and activities are directed from. Brain gives orders through nerves to all parts of the body.	
To introduce the child to the trunk of the body and its uses by using a model, a picture, modeling clay, etc.	3. Trunk connects all other parts. Protects internal organs against injury.	
To introduce the child to the main internal parts of the trunk and their uses by demonstrating simply (possibly with a flannelboard and simple story) how the parts fit together. A. stomach B. heart C. lungs, etc.	4. Have pictures or make drawings of organs. Make a game of telling child what each does. 5. Discuss or make chart of a proper diet to keep body healthy.	
To inform parents of danger signs to watch for if her child has an injury to head or body.	6. Discuss with the parents what to do about any existing injuries.	
To give parents some library references she can look up if she wants for further information on the head and body.	7. Discuss preventive measures that parents can take to avoid unnecessary injuries (persons out of reach, broken boards and nails kept up etc.)	
To explain to the parents how to get medical help or emergency help when needed. Also how to get financial help in these emergencies.		

Daily Educational Guides
for Home Start Parents.

WEEK 7 10-9-72 through 10-13-72

TOPIC: All About Me
THEME: Head and Trunk of My Body

OBJECTIVES

1. To give your child a basic lesson about the head and its parts, both outside and inside.

2. To tell your child about the part of the body called the trunk and its uses. Discuss the internal organs too.

3. Talk to your child about preventive medicine such as staying away from poisons, insectisides, etc. Also help your child realize the importance of being careful when climbing on high things, playing with jagged boards or around barbed wire, tin cans, etc.

Help child to further understand his body and how it works.

LEARNING EXPERIENCES

1. Play games as a family using each one of the five sense

2. Show your child pictures of heads and let him point out the different parts.

3. Make a rough drawing of a skull and explain that it is the bone that protects the rest of the head. Let your child draw one then if he wants to. Show child how the brain is protected by the skull (through drawings) and that the brain is what makes decisions for the whole bo

4. Make a puzzle or two from cardboard and magazine picture showing how trunk holds all the other parts together and also houses the vital organs.

5. Through pictures or flannel board story explain to your child what each of these internal organs do:
   A. stomach-takes food and changes it to energy for the body.
   B. heart-pumps blood and substains life.
   C. lungs-takes in fresh air and expels used air through breathing.

6. Make a chart with your family about how certain foods are good for certain things.

7. Plan a trip to the library or health clinic or both if possible. Ask for information on a childs level about the human body.

WICHITA HOME START
Wichita, Kansas

Case Study II Fall 1972

Project Home Start
Wichita, Kansas

Principal Author: Marrit Nauta

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   A. Case Study I - Summary May 1972

PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

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[1] See Section IV. An "Assessment of Needs" for detailed description.

IN BRIEF

OCTOBER 1972

GENERAL

TYPE OF PROGRAM: Urban

SPONSORED BY: Wichita Area Community Action Program, Inc. (Grantee)

ADMISSION CRITERIA: Head Start Guidelines

PROGRAM START-UP DATE: April 1972

HOURS OPEN: 8:00 a.m. to 5:00 p.m.

FAMILIES

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
ENROLLMENT:	57		78		+21	37%

STAFF

TOTAL PAID STAFF:	10		10		0	-
Full-Time	10	100%	10	100%	0	-
Part-Time:	0		0		-	
TOTAL IN-KIND STAFF:	0		0		-	
Full-Time	0		0		-	
Part-Time	0		0		-	
ETHNICITY OF STAFF:						
Anglo:	5	50%	5	50%	0	-
Black:	4	40%	4	40%	0	-
Chicano:	1	10%	1	10%	0	-
Indian:	0		0		-	
Oriental:	0		0		-	
Other:	0		0		-	
SEX OF STAFF:						
Female:	9	90%	10	100%	+1	11%
Male:	1	10%	0		-1	100%

STAFF POSITIONS: Director, Home Visitors (8 positions), Secretary

POSITIONS OPEN: None

CHILDREN

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL HOME START CHILDREN:	76		95		+19	25%
TOTAL CHILDREN (ELIGIBLE FAMILIES):						
0-12 months:	39	18%	8	3%	N/A[1]	
13-24 months:			17	6%	-	
25-36 months:			29	10%	-	
37-48 months:	76	35%	41	14%	-	
49-60 months:			41	14%	-	
61-72 months:			26	9%	-	
6-9 years:	103[2]	47%	56	19%	-	
10-13 years:			49	17%	-	
14-18 years:			22	8%	-	
ETHNICITY OF FOCAL CHILDREN:[3]						
Anglo:	26	46%	46	48%	N/A[3]	
Black:	21	37%	33	35%	-	
Chicano:	8	14%	10	11%	-	
Indian:	2	4%	2	2%	-	
Oriental:	0		1	1%	-	
Other:	0		3	3%	-	
SEX OF HOME START CHILDREN:						
Female:	38	50%	50	53%	+12	32%
Male:	38	50%	45	47%	+7	18%

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[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

PARENTS

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL FOCAL PARENTS:[1]	57		80		+23	40%
SEX OF FOCAL PARENT:						
Female:	57	100%	76	95%	+19	33%
Male:	0		4	5%	+ 4	infinite
Families in which both parents are considered focal parents:	NI		2	3%	-	
EMPLOYMENT OF FOCAL PARENT:						
Employed:[2]	7	12%	4	5%	- 3	43%
Unemployed:	50	88%	69	86%	+19	38%
In School or Training:	0		3	4%	+ 3	infinite
Unknown:	0		4	5%	+ 4	infinite
EMPLOYMENT OF FAMILIES:[3]						
Employed, Regular:	NI		38	49%	-	
Employed, Part-Time or Seasonal:	NI		0			
Unemployed or Unknown:	NI		40	51%	-	

ESTIMATED FUNDING:

HEW:	$100,000
In-Kind:	10,350
Total:	$110,350

FOR FURTHER INFORMATION, CONTACT:

Ms. Helen E. Besser, Director
WACAPI Home Start Program
352 N. Broadway
Wichita, Kansas

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[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

I. PROGRESS REPORT

A. Impressions -- Fall 1972

Early morning is the busiest time at the WACAPI (Wichita Area Community Action Program, Inc.) Home Start office. Each of the eight Home Visitors checks in to pick up toys and games for home visits, to make referrals for her families, perhaps to talk with a family's social worker at the Welfare Department to see how they can cooperate to help. Home Visitors also use this time to talk with the project's Director, Betty Besser, about families and their special problems. Problems like those of the older brother of a Home Start child whose father is temporarily away and who could use the attention of someone other than him mother, perhaps a volunteer from the Big Brother program.

Another Home Visitor is asking the Director for Halloween ideas. Where can the program get pumpkins for all the children? "We could make jack-o-lanterns with them," the Home Visitor says. "It'd also be nice if someone could teach us how to make pumpkin pie so we could show the mothers." Betty agrees to share one of her favorite recipes with the Home Visitors. A lot of planning is taking place for Halloween. In each home, the visitors are making decorations with the children, and in group meetings parents are discussing a party for the children, what they want to serve as refreshments, games they can play, and so on.

Working space at WACAPI Home Start is more crammed than ever because of the children's books and other materials which have been bought and donated. Home Visitors find it difficult to work in the office because there's little or no privacy. Conferences with Betty are constantly interrupted by traffic passing through her office, which serves as the entrance to other quarters. The program would like to obtain a larger office, a place where they can work without interruption, a center where mothers can meet and children can have group experiences.

There is general concern about the cold weather which hit the Wichita area early this year. A number of families have no hot water or heat in their homes. Home Visitors are sometimes frustrated at how little they can do outside of bringing warm clothing to the family or talking with the Public Facilities Department to have a gas leak repaired. No funds are available to pay overdue electricity bills or to have the heat turned on. Betty stresses over and over again that the role of Home Visitors is to help families help themselves: "You're not really helping them at all if you solve all their problems for them," she says. "Families become too dependent on Home Start that way. We should help them become more independent and better able to use our local resources."

B. Program Update

Changes at WACAPI Home Start are a result of growth. Some of the tensions among staff are being ironed out and staff are finally "learning to live with each other and each other's differences." Tensions came about as a result of limited office space, different personalities and backgrounds, and a basic insecurity on the part of the Home Visitors regarding their work. There has been little sharing of experiences: people tended to do things on their own, not wanting to hurt other people's feelings by suggesting different ways to undertake activities, form groups, etc. Betty hopes that staff communications will continue to improve. "I really have a wonderful staff," she notes, "and they all could learn so much from each other. They could complement each other beautifully."

Staff

There has been no change in staff over the past six months. A significant change has taken place, however, in terms of the supervisory leadership of the Home Start Program. Recently, Dave Storm, former Social Service Coordinator for Head Start, was appointed Head Start Director. Since Home Start is an adjunct of Head Start, Dave will have direct supervisory responsibility for the program. Dave and Betty Besser have an excellent working relationship. Betty is very pleased with Dave's appointment because of his keen interest in the program and his supportive activities in terms of getting the program off the ground. Dave was one of the principal authors of Home Start proposal.

Families

Enrollment of families during the past six months has increased from 57 to 78. Additional families were recruited in October. There has been significant turnover of families in Wichita (27% of all families served during the quarter ending September 30, 1972) as a result of families moving away or lack of interest in the program. The recruitment of additional families has changed the original neighborhood "cluster" concept whereby Home Visitors served families in a particular area of the city. Some visitors now have families scattered throughout the city, in the northern sections of town and in Oaklawn and Haysville, communities south of Wichita. It is very difficult for these Home Visitors to hold group meetings with their families since public transportation appears to be highly inadequate in Wichita and many families have no car. Betty feels this issue needs to be resolved in the near future by the staff or by the Home Start Policy Committee. Staff are reluctant to change their caseload, however, and to start building a relationship of trust with families who have been served by another visitor. Betty expects that families will feel similarly about a change of caseload. In addition, "They're just getting to know the parents in their groups."

Group meetings are now being held regularly. Each group of ten parents has elected officers and one representative and alternate to serve on the Home Start Policy Committee.[1]

The 78 families enrolled in Home Start have a total of 95 focal children. Some 41 of these children are 3 years old, 41 are 4 years old, and 13 are 5 years old. The director estimates that 40 focal children will leave the program at the end of the first year.

Most families participating in Home Start have incomes of between $2,000 and $4,000 per year. 36% of the families enrolled are receiving Aid to Families with Dependent Children.

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[1] See section III on Parent Participation for a more detailed description of how policy is set for WACAPI Home Start.

II. ADMINISTRATION AND TRAINING

A. Organization and Planning

Overall program administration is the responsibility of Betty Besser, Director of WACAPI Home Start, who reports monthly to the WACAPI Board and briefly outlines program activities. The program is loosely organized, with all direct services provided by Home Visitors and occasionally a referral made by the Home Start Secretary. While staff meetings are held weekly, there is little communication among staff members in planning home visit or group activities. Staff clearly feel a need for more supervision and for more guidance regarding their roles as Home Visitors. Betty has been hesitant about forcing too much structure on the Home Visitors, but agrees that more direct supervision and perhaps performance evaluation on a regular basis might be very useful. Many visitors are still unsure about their abilities in working with their families and don't know whether they're doing a good job or not.

Betty has not accompanied any of the visitors on a regular home visit, although she has met most of the parents at the group meetings which she attends from time to time. Weekly narrative reports prepared by Home Visitors keep Betty informed of home visit and referral activities, in addition to the frequent conferences she holds with individual staff members.

Record-Keeping

In addition to the weekly narrative reports, staff keep the records required for the Home Start Information System. It is clear, however, that Home Visitors need a better understanding of the System and of what constitutes a referral. Quarterly reports for the period ending September 30, 1972, staff indicated, do not accurately reflect referral activity. More referrals were made during the quarter than are reflected in the report.

Staff Training and Development

In-service training is held on a regular basis and is planned in conjunction with training activities for Head Start. Staff believe, however, that these training activities are not always applicable for Home Start and are too classroom oriented. Hopefully, in the future, Home Start will have more of a voice in determining training needs.

Since Spring, the following kinds of training sessions have been conducted:

- A television course on early childhood education (dealing primarily with classroom techniques).
- Training on psychological and social services, focusing on self-concept and self discipline.
- First aid and health by the Head Start Nurse.
- Alcoholism by Bruce Clark, Alcoholism Director, and Linda Jackson, Counselor
- Social Services and Parent Involvement by Dave Storm and Sally Edwards, Regional OCD Representative.

Some of the Home Start staff also participated in a seminar on counseling and a weekend on sensitivity training. In addition, staff are presently taking a variety of supplementary training courses in sociology/psychology, the administration of justice, early childhood development, elementary education, and music. The CAP agency allows 4 hours per week for Home Start staff to attend supplementary training classes.

Home Visitors have indicated the following training needs:

- Early childhood education (i.e., things to do with the children in the home and things to use in the home, a curriculum for home visit activities which could be used as a guide, how to relate reading and math to children, and songs, arts and crafts, and fingerplays).
- Speech and language development.
- Psychological and social services and how better to cope with problems, attitudes and relating to other people.

- Social work techniques.
- Group work (different kinds of activities to undertake with the parents).

III. PARENT PARTICIPATION

Eight parent groups were formed this summer, and each group has elected officers and two representatives -- one regular and one alternate -- to represent the group on the Home Start Policy Committee which met for the first time in September. At that time, temporary officers were elected and a committee formed to establish bylaws for the Policy Committee. At the October meeting, discussion still centered on this topic.

Parents feel strongly about parent participation in the program. "Parent involvement is crucial to the success of the program," said one parent, "especially since it's still in the beginning stages." Another parent suggested that families be dropped from the program if they fail to attend three group meetings in a row, or five out of six meetings. "If parents don't care about meetings," she stated, "they don't care about Home Start."

While this suggestion did not become part of the bylaws, it was adopted as an informal policy to be enforced by the groups and the Home Visitors. To increase parent participation, one group suggested that meetings be held at family homes on a rotating basis and that mothers talk to non-participants to make them aware of the importance of their active involvement.

Each of the group meetings is used to briefly discuss topics addressed at the Home Start Policy Committee meeting. In addition, groups address themselves to a number of topics. Some are very active politically in an effort to improve their community. Others are planning Halloween parties, making toy chests and Christmas toys such as large wooden blocks from donated lumber, or discussing a proposed rummage sale to raise funds for field trips the parents would like to take with their children.

Groups generally meet once a month, although some parents get together more often or have requested formal group activities on a weekly basis. Parents are paid $5 per meeting for their participation in group meetings and Policy Committee meetings, to cover transportation and baby-sitting expenses.

Participation of fathers is limited, although some groups have active father involvement. A father is Chairman of the Home Start Policy Committee. Where fathers are not regularly involved, plans are being made for picnics or special activities (making Christmas toys) in which fathers can participate.

Group meetings for children are not held on a regular basis, although a number of the Home Visitors often take children on field trips.

IV. FAMILY NEEDS AND PROGRAM SERVICES

A. Program Goals and Priorities

Goals stated in the Home Start proposal called for:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To assist the family in becoming a self-sufficient unit by:
    - making families aware of existing community resources;
    - promoting better utilization of existing resources; and
    - making the community more aware and responsive to the needs of low-income families.

No priorities were set in the Spring for meeting needs of the families. The following priorities were derived from the needs assessment sheets and discussed in detail by staff. Staff believe that both Health needs of children and the Psychological/Social needs of parents must be met first to create an environment of growth for the children before other needs can be met.

For Children:

1. Health - 45 children.
2. Education - 40 children.
3. Psychological/Social Needs - 30 children.
4. Nutrition - 12 children.

For Parents:

1. Psychological/Social Services - 51 parents.
2. Education - 46 parents.
3. Health - 36 parents.
4. Nutrition - 16 parents.

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

Some of the assessments were completed by the Home Visitors with their families, although many visitors indicated needs which the family had not identified or would not agree with. Home Visitors listed needs they believe to be most important, but not all were needs the Home Visitors felt they could meet immediately. As one of the staff members pointed out: "Many families are resistant to help and suspicious of government programs. They dislike anything that smells of welfare, even though welfare has nothing to do with it."

Home Visitors were unassisted by the Director in completing the needs assessment instruments, although they often discuss needs and ways of meeting these needs with her.

The Summary of Family Needs Assessment Sheets on the following page represents the needs identified for 71 families of the 78 enrolled in Wichita Home Start.

SUMMARY OF

FAMILY NEEDS ASSESSMENT SHEETS

Health

Problems/Needs	No. of Children
Physical Examinations	7
Dental Examinations	2
Immunizations	2
Care for Hyperactive Children	3
Care for Eye and Ear Problems	4
Misc. Health Problems	20
	38

Problems/Needs	No. of Parents
Physical Examinations	2
Dental Examinations	7
Family Planning	2
Cleanliness	3
Health Education	2
Misc. Health Problems	18
	34

Education

Problems/Needs	No. of Children
Support for Slow Learners	16
Speech Needs	7
Special Education Needs	5
Misc. Education Needs	17
	45

Problems/Needs	No. of Parents
GED, Job Training, or Vocational Education	40
Improvement of Attitude Toward Children's Education	5
Drivers Education	4
English as Second Language	1
Speech Needs	1
	51

Nutrition

Problems/Needs	No. of Children
Better Balanced Meals	12
	12

Problems/Needs	No. of Parents
Nutrition Education	15
Cooking Lessons	5
More Food	3
	23

Psychological/Social

Problems/Needs	No. of Children
Social Interaction and Group Experiences	12
Misc. Psychological/Social Needs (Not Specified)	24
Counseling	2
	38

Problems/Needs	No. of Parents
Housing	9
Counseling	9
Employment	6
Alcoholism	5
Financial Assistance	4
Budgeting	2
Social Interaction/Group Experiences	2
Misc. Psychological/Social Needs (Not Specified)	36
	73

C. Program Components: Objectives, Services, Needs

1. Education

Objectives - Spring 1972

Preliminary objectives identified in Spring included those stated in the proposal and issues staff felt strongly about. They called for:

- Increased interaction between parent and child.
- Greater involvement of fathers in the development of children.
- Increased vigor of the parents and child to use existing resources (time, space, money, energy, physical vigor) to their advantage.
- Increased self-esteem.
- Getting parents to talk to their children and knowing what their children are doing.
- Increased understanding of the child's capabilities and limitations.
- To help prepare children for kindergarten by teaching them how to share and play with other children.

Objectives Achieved

Staff believe that progress is being made towards the achievement of these objectives, but feel they need to continue to work with the parents and children on these particular topics. It is apparent from the group meetings, however, that parents are taking a more active interest in their children and have increased their children's and their own self-esteem through home visit activities and group meetings and simply by discovering that other people live in similar circumstances.

Responsibility for the educational program for WACAPI Home Start lies with the eight Home Visitors who spent approximately 53% of the time they are in the home on educational activities. Home Visitors point out, however, that some of the educational activities they undertake in the home could also be considered psychological or social services (i.e., field trips as social interaction). Additional time is spent each week on planning activities.

The Education Component of the program is unstructured to allow Home Visitors to plan individually for each child and family to meet their special needs. Some visitors have little preschool education experience and feel there is a critical need for more guidance and training in educational activities. Since communication between Home Visitors during the summer left something to be desired, each has carried out different kinds of activities in the home. Visitors also would like to receive additional training to help them deal with specific speech and language development problems. During the past six months, 13 referrals were made to the Institute of Logopedics, the Crossroads Center and the Diagnostic Center of the city's Public Schools to help children with special educational problems.

Parents are often hesitant to have their children referred for evaluations. Once a problem has been diagnosed, it can be difficult to obtain special care for the children whose parents are unable to pay the fees. In one instance, the Home Visitor obtained financial assistance from the United Fund to provide therapy at the Institute of Logopedics. Some Home Visitors work closely with the evaluating psychologist and receive specific instructions for working with the child. One notes that she is undertaking only a limited number of educational activities with a particular child, repeating them again and again rather than introducing new topics each week. Home Visitors are also working closely with the Public Schools in an effort to obtain special care for siblings and to iron out problems they are having in school.

For parents, 16 referrals have been made for adult basic education over the past six months. Home Visitors take GED books into the home for parents to study and are working to help parents upgrade their basic reading skills. One of the problems in getting parents enrolled in GED classes and the WIN program for job training is again transportation. Moreover, scheduling of these classes requires that mothers find babysitters. While funds are available for parent education, none of these monies have been spent. Betty wants to wait until the Home Start Policy Committee can give the program some guidelines regarding what kinds of parent education the program should subsidize. Since GED programs are provided free of charge, Home Visitors would like to see the money used to pay for transportation for the parents. Preliminary arrangements have been made for driver education classes for the parents.

Needs - Fall 1972

Educational needs were identified for 40 children, both focal children and siblings. Education ranked second in terms of program priorities for children according to the needs assessment analysis and included needs for:

Education

Problems/Needs	No. of Children
Support for Slow Learners	16
Speech Needs	7
Special Education Needs	5
Misc. Education Needs	17
	45

Of the program's 80 focal parents, 15 completed the 8th grade or less, 33 have finished 12th grade or less, 26 completed high school, 5 have some college, business or vocational education, and one is a college graduate. Educational needs were identified for 46 parents and ranked second on terms of program priorities for parents:

Education

Problems/Needs	No. of Parents
GED, Job Training, or Vocational Education	40
Improvement of Attitude Toward Children's Education	5
Drivers Education	4
English as Second Language	1
Speech Needs	1
	51

Additional Arrangements for Meeting Needs

The majority of needs of the children will be met through regular weekly home visit activities. For those with special education needs, arrangements will be made to have them evaluated at the Diagnostic Center of the Public Schools, the Crossroads Center which also has a program for adults to help them cope with the problems of mentally retarded children, and the Institute of Logopedics.

WACAPI Home Start is currently exploring the possibility of working with the Psychology Department of Wichita State University which is conducting an experimental reading program. Parents participating in this program would read the same book over and over to their children to increase verbal ability.

Involvement of fathers in the program's Education Component is limited, although four fathers are focal parents and are involved in regular home visit activities. While staff are looking for ways to increase father involvement, it does not presently appear feasible to schedule evening visits for families in which the father works days.

Activities to help children share and learn to cooperate are being conducted, although on a limited basis. Home Visitors frequently take a group of children on field trips, but organized group activities, unless they are planned by parents, are not regular scheduled. When mothers meet in groups, children often are left with a babysitter.

Objectives - December 1972

Revised objectives for education have been rewritten to include:

Objective	Resource	Completion Date
1. Speech and hearing evaluations for all focal children	Head Start Speech Therapist	June 1973
2. Speech therapy for focal children for whom the need is identified	Department of Logopedics, WSU Speech Therapist for Head Start, or other available agencies	June 1973
3. Increased parent involvement in educational activities of Home Start and the public schools	Group Meetings Counseling services at schools, Educational tours	June 1973
4. More Early Childhood Education training for Home Visitors	Wichita State Univ. Consultants from other agencies including Jan Yocum of the Wichita Day Care Center	February 1973 and on-going

2. Health

Objectives - Spring 1972

Spring health objectives were:

- To familiarize parents with family planning and work with the clinics on more adequate methods of birth control.
- To identify existing health defects.
- To obtain necessary treatment to remedy these defects.
- To provide preventive health services.
- To acquaint families with health care needs and to introduce them to community resources.

Objectives Achieved

Staff feel that for some families these objectives have been achieved, but not on a program-wide basis. Private physicians will take only a limited number of Medicaid patients (34 Home Start families are on Medicaid), and obtaining care for dental problems has proved almost impossible. Dental care facilities will be increased, hopefully, when one local hospital changes sponsorship and adds a dental clinic.

Home Visitors are responsible for identifying health needs and referring their families to health services. They report that they spend an average of 15% of the time they are in the home discussing specific health problems, available community resources, and providing general information regarding health care. One visitor reports that she was asked by a mother to show her how to douche. Others have brought Dial soap into the homes and encourage parents to use it regularly to prevent frequent infections and sores. Another visitor feels that the only way she can encourage the mother to bathe herself and her children is to refuse to take them on a field trip unless the children are clean and neatly dressed. For referrals, emphasis is placed on informing parents about community resources and encouraging them to make referral arrangements themselves. Since transportation is a problem in Wichita, Home Visitors often drive families to a clinic for medical services.

While Home Start is authorized to pay for medical services for families who are not on Medicaid (44 families), expenditures for this purpose have been limited to date. Free medical and dental services are available in the Model Cities area, but it is difficult to locate resources for families who live outside these areas. Medical and dental services are virtually non-existent in such communities as Oaklawn and Haysville, although the Sedgewick County Health Unit comes there once a month. These clinics are usually well-baby clinics and the like, and do not provide illness or emergency care.

Most of the referrals during the past six months were made to the Model Cities Health Stations and the Health Department (neither of which gives physical examinations). Referrals also were made to the Mental Health Clinic, the Family Planning Clinic, the well-baby clinic of the Presbyterian Church, the Wesley Hospital Clinic, the St. Joseph's Family Practice Clinic, and two private physicians.

Needs - Fall 1972

According to the needs assessment instruments, health is the number one priority for children. Home Visitors indicated as needs:

Health

Problems/Needs	No. of Children
Physical Examinations	7
Dental Examinations	2
Immunizations	2
Care for Hyperactive Children	3
Care for Eye and Ear Problems	4
Misc. Health Problems	20
	38

It should be noted, however, that the need for physical and dental examinations and immunizations would be much greater if Home Visitors had listed all children who have not received such services since enrolling in the program. During the past six months, only 16 children received physicals, 2 immunizations, and 1 went for medical and dental treatment.[1]

Health for parents ranked third in terms of program priorities. Home Visitors indicated as needs for the parents:

Health

Problems/Needs	No. of Parents
Physical Examinations	2
Dental Examinations	7
Family Planning	2
Cleanliness	3
Health Education	2
Misc. Health Problems	18
	34

Additional Arrangements for Meeting Needs

Home Start staff will continue to try to locate agencies to provide dental care.

Staff are eager to confer with their medical advisor, Dr. Ben Rubin, Jr., of Kansas City, to discuss mobilization of additional health services. Dr. Rubin is the program's consultant member of the American Academy of Pediatrics.

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[1] As is pointed out in section II, Administration, staff clearly need a better understanding of what constitutes a referral and how these should be recorded. Each of the Home Visitors indicated that the Program Referral Report of 9/30/72 does not accurately reflect referral activity.

Objectives - December 1972

Revised objectives for the program's Health Component are:

Objective	Resource	Completion Date
1. Complete our goal for physical and dental examinations for all focal children whenever possible	Family Practice Clinic Wesley Hospital St. Josephs Hospital Model Cities Health Station & Private doctors and dentists	June 1973
2. Increased knowledge of physical problems of target children and others in the family and treatment for their problems	same as above	June 1973

3. Psychological and Social Services

Objectives - Spring 1972

Objectives in May called for:

- Making parents aware of what they can do to improve their self-image.
- Assisting families in becoming a self-sufficient unit by:
    - making families aware of existing resources;
    - promoting better utilization of existing resources; and
    - making the community more aware and responsive to the needs of low-income families.

Objectives Achieved

As noted earlier, much emphasis is placed on helping families become more self-sufficient. Staff will continue to work toward the achievement of their general objectives through weekly home visits and group meetings. During the last six months Home Start staff have worked with representatives of various community agencies to make them more aware of and sensitive to the needs of families.

Psychological/Social Services referrals constituted about half of all referrals made during the first six months of operation. However, of 42 referrals, only 18 families received services.

Home Visitors report that 19% of the time they spend in the home with the family is devoted to psychological and social needs. Services rendered at home are often simply identifying needs and discussing family problems.

The Psychological and Social Services Component of Home Start is keyed to existing community resources. Services Home Visitors can refer their families to include: the local Housing Authority for low-income housing; the Welfare Department for a variety of services (including protective services for children); Alanon for alcoholism problems; Legal Aid; Catholic Social Services, Lutheran Social Services and the Presbyterian Church for counseling, financial assistance, and clothing; the Family Consultation Service; and WACAPI's Operation Mainstream for employment.

Psychological and social problems are also addressed in the program's group meetings which are open forums for discussion problems. One parent at a group meeting in early October, for example, told the group she was moving to a better house and that she had pinched pennies for the past couple of months to save enough money for the down payment. Others could do it too, she said, if they try hard enough. Another parent told about her need for a stove, and the group had suggestions for her. Staff find it difficult to help families locate better housing because most low-income housing projects are on the outskirts of the city where there is no public transit. Without cars, families would be marooned, effectively cut off from jobs and services.

One group of parents in Oaklawn is very active politically. They discussed at one of their meetings the need for community services and recreational facilities in that area with the former Social Service Coordinator of Head Start, Dave Storm. The group tried unsuccessfully to speak with their legislator and share their concerns with him. They have now formed a special committee which will work with Dave to brainstorm courses of action.

Needs - Fall 1972

According to the needs assessment forms, psychological and social needs are the first priority for parents and rank third for children. For children, Home Visitors identified:

Psychological/Social

Problems/Needs	No. of Children
Social Interaction and Group Experiences	12
Misc. Psychological/Social Needs (Not Specified)	24
Counseling	2
	38

For parents, Home Visitors indicated needs for:

Psychological/Social

Problems/Needs	No. of Parents
Housing	9
Counseling	9
Employment	6
Alcoholism	5
Financial Assistance	4
Budgeting	2
Social Interaction/Group Experiences	2
Misc. Psychological/Social Needs (Not Specified)	36
	73

Additional Arrangements for Meeting Needs

Staff would like to enroll some children on a part-time basis in a center program such as Head Start to give them more group experiences. One of the Home Visitors is serving on a committee in her neighborhood and hopes that these efforts will result in the establishment of a day-care center which would enable some of her parents to take day-time employment.

Objectives - December 1972

For social and psychological services, the revised objectives include:

Objective	Resource	Completion Date
1. More constant use of other agencies to meet the psychological and social needs of families	Meetings, conferences, etc. with community agencies	June 1973
2. Further staff training in meeting psychological and social needs of families	Wichita State Univ. Sally Edwards, Regional OCD Rep. Dr. Volusek, Psychologist	June 1973

4. Nutrition

Objectives - Spring 1972

The only objective specified in May for the Home Start Nutrition Component called for:

- Assisting parents in planning nutritious meals and in some cases teach the mother how to cook and shop on a low-income budget.

While no referrals were made for nutritional services, a number of the Home Visitors have provided direct services in the home by taking parents on shopping trips, sharing recipes and literature on nutrition, and giving cooking demonstrations in the home.

Objectives Achieved

Home Visitors are primarily responsible for this component and have not yet used community resources to meet the needs of families. Home Visitors in general find it difficult "to tell families they don't know how to feed their children, especially if the family is unable financially to purchase an adequate diet."

Home Visitors presently spend approximately 13% of their time working with families on nutrition, exchanging recipes, talking about different types of food, and so on. One of the visitors is planning to take one mother shopping and will teach her how to prepare beef stew.

Some of the parents also attended a lecture on nutrition. The nutritionist who gave the presentation stressed that children should not be pushed to eat if they don't want to when meals are served. Home Visitors disagreed with her philosophy and told her that many low-income families do not have enough refrigerator space to keep the food from spoiling. Nutrition is also discussed by the mothers in their group meetings.

Needs - Fall 1972

While services have been provided by the Home Visitors, there still appear to be a number of needs. For children, Home Visitors indicated that 12 needed better balanced meals. For parents, they specified:

Nutrition

Problems/Needs	No. of Parents
Nutrition Education	15
Cooking Lessons	5
More Food	3
	23

Objectives - December 1972

In the next six months of the program, objectives have been revised to include:

Objective	Resource	Completion Date
1. Help parents learn to make use of USDA Surplus Commodities for improving the nutrition of their families	USDA Surplus Commodities	June 1973
2. Provide information on nutrition to families on a continuing basis	Group meetings Speakers from other agencies Shopping trips with Home Visitors Material from Kansas State Extension Service and Universities	June 1973

APPENDIX A

CASE STUDY I - Spring 1972

SUMMARY

WICHITA AREA COMMUNITY ACTION PROGRAM INC. HOME START

KANSAS

CASE STUDY I -- MAY 1972

[The following summary describes the program as it was in May 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study, Interim Report la (case studies).

Summary May 1972

Wichita Area Communtiy Action Program Inc. (WACAPI) Home Start is an urban program located in the heart of Wichita. It is an adjunct of the Head Start Program and provides services to families for whom no Head Start has been possible (as a result of limited funding). Furthermore, Home Start has made a special effort to reach out to low-income families who live outside the six "poverty pockets" of the city. Those areas where pre-school programs and other community resources are scarce or inaccessible because of lack of adequate transportation.

At the end of May, 1972, 57 families were enrolled in the program, with another 23 to be recruited in the near future. Most of the recruitment was done upon referrals from community agencies and through a door-to-door outreach effort by the Home Visitors. Minority participation in Home Start is approximately 50%.

Staff

The program is staffed by ten people -- a Director, a Secretary, and eight Home Visitors -- all of whom were selected by the Personnel Committee of the Head Start Policy Council. The staff represents a broad mix of ethnic backgrounds. Four of the Home Visitors are Black and one is Mexican-American. Each Visitor serves a group of ten families from different ethnic origins who live in neighborhood "clusters." The Mexican-American Visitor serves a mix of families, particularly those families who speak Spanish in their homes.

Staff Training

All staff members participated in a one-week training course on a variety of topics, conducted by representatives of community agencies, the Regional OCD Representative and the Regional Training Office. Topics included an orientation to WACAPI, OEO, OCD, and national Home Start goals, discussions on Early Childhood Development, Speech, Nutrition, Dental and Physical Health, Psychological Services, Community Resources, a film on Head Start, and training regarding the role of the Home Visitor, record-keeping, interviewing, and professional ethics.

In-service training will be planned for the staff by the Director as staff needs are identified.

Services

Home Visitors meet with their families once a week for a minimum of two hours to deliver health, nutrition, social/psychological and education services. These home visits are supplemented by field trips to the park or zoo and by group meetings for the parents. Group activities for the children are being planned.

Emphasis is placed on serving the "total family" and on helping them meet a variety of needs through referrals and direct services in the home. However, most of the Health Nutrition, and Psychological and Social Services Components of the Program are still in the planning stages. An Inter-Community Agency Committee has been formed which will serve Home Start in an advisory capacity. This committee will be instrumental in identifying existing resources, in the coordination of services which are provided to Home Start families, and in assisting staff in dealing with special problems.

Education

The Program is "unstructured" to allow each Visitor to plan activities that meet the needs of each individual child and family they serve. Goals for the educational development of the child are set jointly by the parent and Home Visitor to ensure maximum parent involvement in goal achievement.

Parent Participation

A Home Start Policy Committee will be formed in the near future which will elect three members to serve on the City-Wide Policy Council (presently the Head Start Policy Council). The Committee will be responsible for setting overall Home Start policy guidelines and will attempt to ensure maximum parent participation in all aspects of the program.

A special attempt will be made by the Home Visitors to involve fathers, or substitute fathers, by arranging evening visits or by asking volunteers (such as Big Brothers) to undertake activities with Home Start children.

Program Goals and Objectives

The goals of WACAPI Home Start as stated in their proposal cover three areas:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To assist the family in becoming a self-sufficient unit by:
  - making families aware of existing community resources;
  - promoting better utilization of existing resources; and
  - making the community more aware and responsive to the needs of low-income families.

PROJECT HOME START
Gloucester, Massachusetts

Case Study II October 1972

Project Home Start
Gloucester, Massachusetts

Principal Author: Kathy Kearins

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APPENDICES

A. Case Study I Summary Spring 1972

PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations. for the four service components (health, educati[illegible] nutrition, psychological and social servic[illegible] termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

---

[1] See Section IV. An "Assessment of Needs" for detailed description.

IN BRIEF

OCTOBER 1972

GENERAL

TYPE OF PROGRAM: Urban

SPONSORED BY: Grantee - Action, Inc.

ADMISSION CRITERIA: Head Start Guidelines

PROGRAM START-UP DATE: March, 1972

HOURS OPEN: Monday - Friday, 9:00 a.m. - 5:00/5:30 p.m.
(staff on call evenings and weekends)

FAMILIES

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
ENROLLMENT:	29		63		+34	117%

STAFF

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL PAID STAFF:	10		10		0	-
Full-Time	9	90%	9	90%	0	-
Part-Time:	1	10%	1	10%	0	-
TOTAL IN-KIND STAFF:						
Full-Time	0		0		0	-
Part-Time	0		0		0	-
ETHNICITY OF STAFF:						
Anglo:	10	100%	10	100%	0	-
Black:	0		0		0	-
Chicano:	0		0		0	-
Indian:	0		0		0	-
Oriental:	0		0		0	-
Other:	0		0		0	-
SEX OF STAFF:						
Female:	9	90%	9	90%	0	-
Male:	1	10%	1	10%	0	

STAFF POSITIONS: Director, Home Visitor Coordinator, Family Service Administrator, Home Visitors (6), Secretary

POSITIONS OPEN: Coordinator

CHILDREN

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL HOME START CHILDREN:	43		67		+24	56%
TOTAL CHILDREN (ELIGIBLE FAMILIES):						
0-12 months:	6	7%	4	2%	N/A[1]	
13-24 months:			8	5%	-	
25-36 months:			8	5%	-	
37-48 months:	43	48%	33	21%	-	
49-60 months:			36	23%	-	
61-72 months:			11	7%	-	
6-9 years:	40[2]	45%	27	17%	-	
10-13 years:			14	9%	-	
14-18 years:			16	10%	-	
ETHNICITY OF FOCAL CHILDREN:[3]						
Anglo:	43	100%	67	100%	N/A[3]	
Black:	0		0		-	
Chicano:	0		0		-	
Indian:	0		0		-	
Oriental:	0		0		-	
Other:	0		0		-	
SEX OF HOME START CHILDREN:						
Female:	16	37%	27	40%	+11	69%
Male:	27	63%	40	60%	+13	48%

---

[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

PARENTS

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL FOCAL PARENTS:[1]	NI		63		-	
SEX OF FOCAL PARENT:						
Female:	NI	100%	63	100%	-	
Male:	NI	0	0		-	
Families in which both parents are considered focal parents:	NI		0		-	
EMPLOYMENT OF FOCAL PARENT:						
Employed:[2]	NI		NI		-	
Unemployed:	NI		NI		-	
In School or Training:	NI		NI		-	
Unknown:	NI		NI		-	
EMPLOYMENT OF FAMILIES:[3]						
Employed, Regular:	NI		NI		-	
Employed, Part-Time or Seasonal:	NI		NI		-	
Unemployed or Unknown:	NI		NI		-	

ESTIMATED FUNDING:

HEW:	$100,000
In-Kind:	13,326
Total:	$113,326

FOR FURTHER INFORMATION,
CONTACT:

Ms. Rose Margosian
Gloucester Home Start
3 Center Street
Gloucester, Mass. 01930

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[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

I. PROGRESS REPORT

A. Impressions

Home Visitors come together in the office at Center Street only on Friday. During their usual week of home visiting, they drop in one by one to pick up a special toy, make a game, plan a trip for two families with another Home Visitor, or pick up special supplies, like powdered milk, which have been obtained by the Family Services Administrator. The program has grown over the summer. Downstairs, the store-front-size office now boasts big solid desks where there were card tables, and at least four times as many toys, pictures, announcements, news stories and animals as were there four months ago. Upstairs, each Home Visitor has her own desk and her own working area in the spacious room that is their Materials Workshop.

* * * * *

Hellos from the four- and five-year-olds are a little shy, still, after perhaps eight or ten visits, but their mother answers the door with an open welcome for the Home Visitor and another visitor. The boy and his younger sister stay close to the Home Visitor and her big cloth bag; they are soon busy making a paper lion face with yellow yarn whiskers to hang in a Halloween window. "Margie doesn't know how to tie," says her brother Mark while mother is out of the room. Margie ties two yarns to prove she can. "Daddy gets mad 'cause she won't tie her own shoes," Mark ventures. "It's nice to have Daddy tie your shoes for you, isn't it?" the Home Visitor says casually. Margie nods, pleased that the Home Visitor understands; all three keep working to finish the project before the Home Visitor leaves.

* * * * *

"Shana, the focal child is four; all her brothers and sisters are older. But whenever I come, and Shana comes inside, most of the neighborhood kids come too. One little boy from down the street is always there. His daddy is a lawyer but he thinks Shana is luckier because she has someone who comes to do things with her. Sometimes the group is pretty big, but it's fun and I don't mind."

A Home Visitor

Upstairs at Center Street is the Workshop that is fast becoming a meeting place for Home Visitors, for small groups of teachers, for a Home Visitor and a couple of families in which parents want to make some letter cards or puzzles for their children. The sun shines in through the upper half of the high windows; bright cafe curtains cover the other half, pulling the big room a little closer together and making it look even more like a playroom. A Home Visitor made the curtains for the windows . . all nine of them.

* * * * *

"I always take two things with me into the home. One at the top of my bag so it can be discovered first and is easy enough to help kids feel good about a success. The other is something new and different; it's to be left in the home until next week."

A Home Visitor

"I think we're beginning to ask questions about how much we can do for our families and still help them learn to help themselves. . . . . I spend Fridays with the Home Visitors and I feel good. They have terrific ideas, they work well together, and they're very careful about how they try to help families."

Director

B. Program Update

The changes in the Gloucester Home Start Program can best be described as "growth" changes. The program is developing at a rate consistent with the scheduled plans described by the Home Start staff in Spring 1972. According to one staff member the program could be described as "evolutionary." The program now has 63 families, which are located in all of the five communities of the program's target area along the shore of northern Massachusetts: Gloucester, Rockport, Manchester, Ipswich, and Essex.

Staff

Because staff training had just ended in Spring, the commencement of home visits, center meetings, and other parent activities represent the most significant changes in program activities during the four-month interval between Spring and Fall. The move has been from start-up to the delivery of Home Start services.

In Spring, administrative staff (Director, Family Services Administrator, and Home Visitor Coordinator) unanimously but separately described an objective for the young program: to establish an effective working relationship among staff. Four months later, the staff feel that they have achieved that objective. They continue to work in the close cooperation which began during preservice training. Home Visitors share materials and ideas; the Secretary is currently training to assume responsibility for a few families as a Home Visitor.

Administrative responsibilities will continue to be divided among three staff members. Nona Porter, former Coordinator of Home Visitors, resigned during the first week in October in order to become Director of Special Services at the nearby ACTION, Inc. Agency which sponsors Home Start. She does remain in touch with the program, however, and participates in some Home Start activities, such as the first Parent center meetings and a few staff training sessions. Responsibilities of the Home Visitor Coordinator will not change;

they will be handled by other administrative staff until a replacement is hired.[1]

Parent Meetings

With an increase in the number of Home Start families, there is also expansion of the available resources, and use is being made of the center's Materials Workshop. The Workshop is used by groups of parents, children, Head Start Teachers and others interested in making toys and furniture. Three different center meetings have begun. They will be scheduled regularly so that 20 parents and children, and two Home Visitors, will have the opportunity to become well acquainted with each other and the Center's activities. Policy Councils will begin meeting in early November. Election of parents from each of three center Meetings will have been completed by that time.

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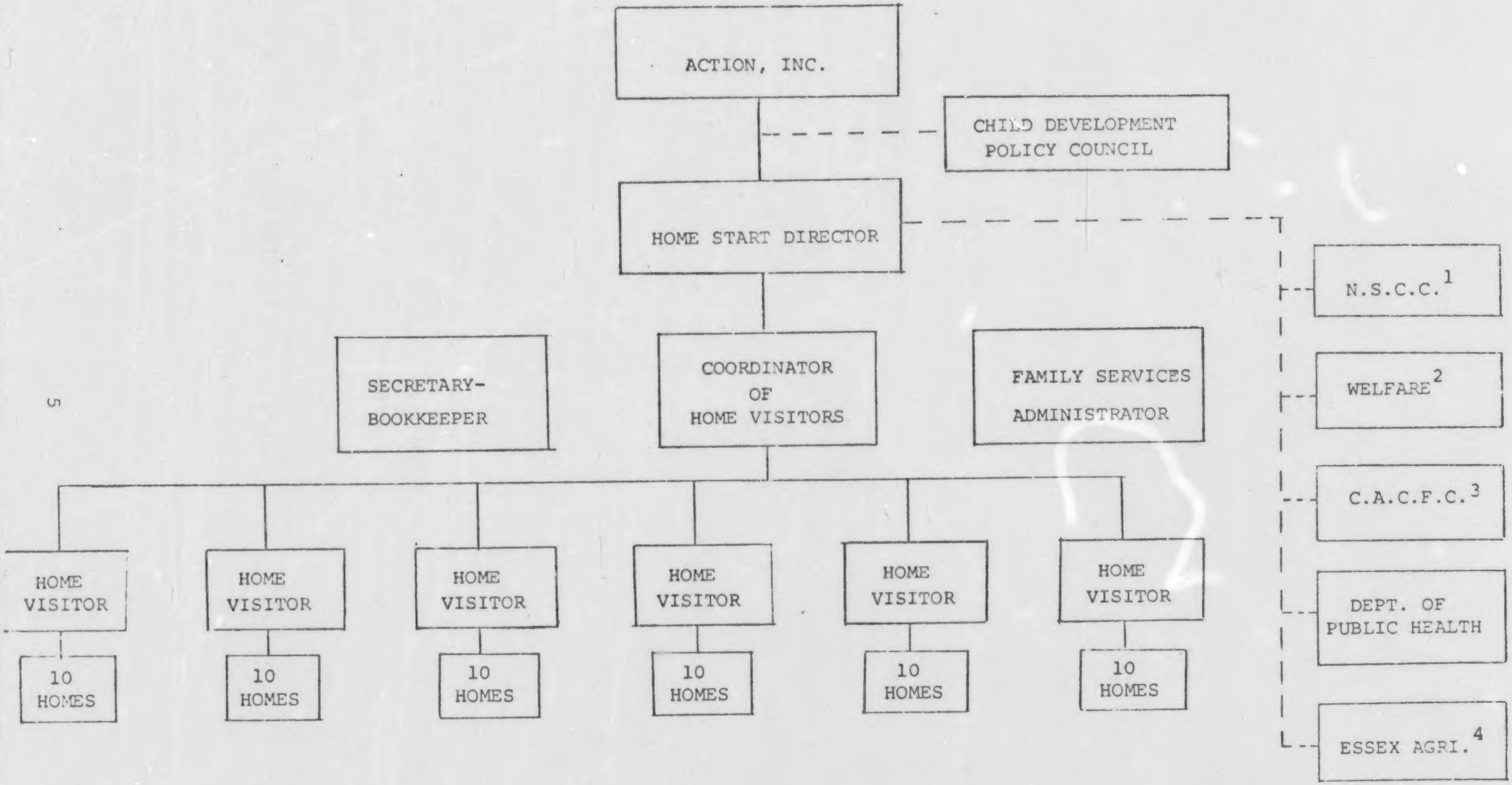
[1] See Organization Chart on the following page.

ORGANIZATIONAL CHART II


ACTION, INC.
CHILD DEVELOPMENT POLICY COUNCIL
HOME START DIRECTOR
SECRETARY-BOOKKEEPER
COORDINATOR OF HOME VISITORS
FAMILY SERVICES ADMINISTRATOR
N.S.C.C.[1]
WELFARE[2]
C.A.C.F.C.[3]
DEPT. OF PUBLIC HEALTH
ESSEX AGRI.[4]
HOME VISITOR
10 HOMES
HOME VISITOR
10 HOMES
HOME VISITOR
10 HOMES
HOME VISITOR
10 HOMES
HOME VISITOR
10 HOMES
HOME VISITOR
10 HOMES

[1] North Shore Community College

[2] Local Welfare Department

[3] Cape Ann Children & Family Center

II. ADMINISTRATION AND TRAINING

Organization and Planning

Meetings, conversations, notes, recordings . . . all the interchanges that make up the critical and elusive business of program administration have been developed with conscious experimentation in Gloucester. Their experiments ranged from new group dynamics training to an old standby -- the anonymous suggestion box. During pre-service training, the Home Visitor Coordinator and Director developed a Home Visit reporting form to be filled out by Home Visitors after every visit. This form then became the basis for individual meetings between Home Visitors and the Director and between the Home Visitors and the Coordinator. Coordinator of Home Visitors, Nona Porter identified four significant things provided by the forms and individual conferences. "They helped us work toward developing forms for reporting information, they helped us set up a routine of communication that is useful now, they help the Home Visitor be more observant, and they gave us closer control over what happened with families early in the program." Records of visits are written weekly now on a revised form[1] and reviewed by the Director. In addition, the Director schedules Friday as a day to be spent with Home Visitors. The day includes formal training, visit planning or problem solving.

Quality of Service

The subject of inter-staff communications in planning program services raises a greater issue of concern to staff at the program's present size. They are asking themselves and each other: What services can/should we provide? How many families can we serve and how well can we serve them?

---

[1] See revised Home Visit form on following page.

HOME VISIT REPORT

Home Visitor________________________ Date of visit____________

Time_______to_______

Name, target child, age_______________________________________

Other children, age____

Materials taken in

(Materials starred are the materials left in the home for the week)

Objectives or plans for Home Visitor

People present during visit

Factors affecting visit

Evaluation of visit and comments

Plans or ideas for next week

Personal needs to be resolved

All six Home Visitors are unanimous in their belief that their caseload of ten families each is just about the limit they can serve with their current techniques, and within the present organization of the program. "Families are being helped; we can see the difference," says one Home Visitor. Others agree: "It's better to do a good job with ten than a halfway job with twelve."

"A good job" with ten families often means a 45-hour week to Home Visitors. With time divided between home visiting, recordkeeping, materials and activities planning, Home Visitors typically spend from four to six additional hours arranging referrals for some of their families.

Director Rose Margosian believes that "Home Start shouldn't be limited to traditional Head Start services. If there are other things besides education we can do for families, we should attempt to do them." Even in communities where social services are not fully developed as resources to support Home Visitors, she says, the fact that one program is attempting to meet needs like housing and employment counseling helps stimulate other community agencies to be more responsive. The Family Services Administrator believes that Home Start should provide social services even more than they now are. Most Home Visitors report spending an average of 20 hours per week in the homes of families. In addition, all Home Visitors report between 15 and 24 hours per week spent in administration (writing reports, meeting with other staff), planning, and staff training. For most, only eight of these hours are spent in the Home Start center each week; other hours are spent in writing reports after visits, making trips to libraries and other resource locations, and in arranging some referrals.

The staff in Gloucester is particularly sensitive to the issue of quality versus quantity of service to families since they will soon begin recruiting additional families -- bringing the total program number nearer to the 80 most programs serve. As in start-up, the expansion of services to other families will be approached with open minds and willingness to experiment. The Director believes that as Home Visitors become more confident and experienced in planning materials and dealing with families, they will begin to have more time available for additional families. The Home Start Secretary has begun observation and participation in Friday training sessions; she will soon begin to take on responsibilities as a Home Visitor to a few new families. Another Secretary will be available during the spring on a work study program.

Referrals

Presently Home Visitors prefer to arrange referrals themselves and ask for assistance only in unusually difficult circumstances. The reasons for their preference are not yet clear. "Sometimes another person might be able to make referrals for one of my families," said a Home Visitor, "but who knows them and can speak for them better than me?" Arranging for referrals is often not a simple matter of efficiency. Home Visitors sometimes report the most difficult part of a referral is convincing a parent that she or her children need medical attention or might enjoy a group meeting. Once convinced, the Home Visitor wants to see the family participate or receive services they need.

Home Visitors also seem to differ in their view of the role of the Family Services Administrator in making referrals, since in Spring the program had planned to have most referrals made by him.

The Director believes that their different views may be due in part to lack of understanding of the number of different responsibilities handled by the Family Services Administrator. His responsibilities include recordkeeping, publicity, some complicated referrals, program planning and general program administration in the absence of the Director.

All job descriptions for Home Start will be clarified before January 1973 as a part of refunding plans by ACTION, Inc. which sponsors Home Start.

Staff Training and Development

Since the three-week long pre-service training, formal and informal training sessions have continued to assist Home Visitors in learning skills that will enable them to help their families. In addition to informal idea sharing and group problem discussions, some Fridays have included demonstrations by individual Home Visitors of lessons they had "Tried and Tested" with success in homes. Others demonstrated sections from the Ypsilanti Perry Pre-School curriculum.

A representative of Massachusetts Department of Mental Health talked with the staff about home visiting programs for mentally disabled children and demonstrated the use of a portable "film loop" projector. Plans to develop portable equipment include the use of video-tape recorders.

Plans for future training sessions are varied. Three Home Visitors and the Family Services Administrator will soon begin participating in a group session and training workshop led by Dr. Donuta Stachiewicz, a psychiatrist practicing in Gloucester and Boston. The group will focus on the members as parents and individuals in their roles in Home Start. The group session is paid for by Public Service Careers training monies.

Other sessions for Home Visitors will include explanations and meetings with representatives from the Welfare Department and the Work Incentive program, as well as Medicaid.

The Director has planned additional workshops on curriculum development[1] and has arranged some meetings with Anita Olds, an environmental planner who will work with Home Visitors in planning both for the use of space at the center and in different home environments.

In addition to Home Start training, two Home Visitors are attending night classes; one in preparatory classes for the GED examination, and the other in classes at a nearby community college.

Several Home Visitors, and the Secretary in training, have regularly attended evening sessions in materials development at the Rockport Rain-Shine School.

---

[1] See Section IV.A., Education, for discussion of curriculum.

III. PARENT PARTICIPATION

First attempts to begin group meetings for parents began in August, about three months after Home Visits began. The Coordinator of Home Visitors supervised most of the parent activities although, as usual, all staff were involved in arranging and carrying out the planned meetings. Coordinator of Home Visitors, Nona Porter reported that they tried several different types of activities for parents and learned as much from the ones that were not well received as they did from their successes.

The most successful parent activity in Gloucester was a cookout for all parents and families held in August. Even up to the week of the picnic, families seemed reluctant to commit themselves to attending this first social event. By picnic time, however, 165 parents and children were present. They sang songs in English and Italian, cooked and ate their picnic supper and became better acquainted. The ACTION, Inc. bus and several private cars provided transportation to the picnic site. The idea for the cookout originated when three administrative staff members participated in a similar get-acquainted cookout for Navajo parents and children in August as guests of the Navajo Home Start program in Ft. Defiance, Arizona.

Other parent activities have involved smaller numbers of families. Often Home Visitors take two or more families for a field trip during the week. One Home Visitor took seven mothers and their children to visit a farm near Rockport; another combined the home visits of two mothers who each had twins. Several Home Visitors bussed 12 families to the nearest shopping center (20 miles) where children attended a performance of the Boston Mobile Children's Theatre and visited a petting zoo.

Not all attempts to bring parents together were so successful. Several

Italian-speaking families expressed the desire to learn English, but none actually registered for classes that the Home Visitor helped arrange. Other informal instruction sessions at the Home Start center were not attended either.

Parents were invited to a puppet-making workshop planned by Home Visitors. Home Visitors and other staff enjoyed making puppets but only one parent responded to that invitation.

Plans for future parent meetings will emphasize participation of all family members. "We want to get fathers and other men involved, perhaps here at the Workshop," said the Family Services Administrator.

Home Start Parent Policy Council

A foundation for the Parent Policy Council was begun the second week in October with the commencement of center meetings. Center meetings bring 20 families and their two Home Visitors to participate in group activities in a location central to all. The first center meeting in Ipswich took place in a church; another center meeting in Gloucester was held in the center Workshop. At both meetings a Nutritional Aide demonstrated (and mothers participated in trying) different ways of preparing commodity foods. Meetings were "Lively, interesting, and involved . . . very good groups," said Nona Porter, Home Visitor Coordinator.

Other important business at these first meetings was the election of two parents as regulars, and two parents as alternates, to serve on the first Home Start Policy Council. After elections are held at a third center meeting, the Policy Council, composed of six parents, and six alternates will begin to meet every two weeks or once a month. Policy Council meetings will be held on different days of the week in the future to ensure that no family misses its regular Home Visit more than one week.

The Director plans to begin Policy Council business by helping parents discuss and begin to make decisions about what kinds of services they want from Home Start.

Two Home Start parents have also joined the board of ACTION, Inc., the community action agency. This board's membership includes representation from all groups which are included in agency programs.

Evaluating the timing of parent involvement activities, Director Rose Margosian said, "We waited until home visiting was well established before we planned group activities." Looking back, she says she would have pushed earlier for center group meetings. Home Start lost five families in September to Head Start. Some went, Rose believes, because they wanted increased social activity for children, which they were not aware would be available through center and Workshop meetings in Home Start.

IV. FAMILY NEEDS AND PROGRAM SERVICES

A. Program Goals and Priorities

Goals to guide program start-up appeared in the funding proposal as follows:

> To involve parents directly in the educational development of their children.
>
> To help strengthen parents' capacity for facilitating the general development of their own children through home visits, center workshops, and parent involvement meetings.
>
> To make available to parents comprehensive outreach services.
>
> To develop a career ladder for Home Visitors.
>
> To activate and coordinate with existing community human services -- Surplus food, Coop store, Credit Union, Mental Health Clinic, and Social Services.

In addition, the administrative staff of the program identified the following objectives for general operation during the program's start-up months:

> Set up a satisfactory working relationship among staff to deliver Home Start services.
>
> Identify materials and curricula best suited for the home visit program.
>
> Investigate possibility of obtaining a permanent location for Child Development Program in Gloucester (including Home Start).

Staff believes that the first objective, to establish a good working relationship among themselves, has been accomplished. The second, to identify materials and curricula, is well under way and will continue to be an objective for Home Visitors and administrative staff. The third objective is not solely for Home Start. It reflects Home Start's place among other child development programs in Gloucester and the position of the Home Start Director, who is also head of the grantee agency Child Development Program Council. Investigations for a separate child development building have begun, but the acquisition of a house and/or property by the grantee agency would be a major undertaking and will require considerable deliberate planning.

Although staff discussed needs of families which they identified for needs assessment sheets, no overall priorities for providing services for the next six months were set. Staff seemed to be reluctant to define priorities for the entire program and preferred to try to meet each family's needs according to the priorities they perceived in that family.

Rather than priorities for service, staff described several important concerns for service to the families they visit. One concern, voiced by the Family Services Administrator, was to arrange medical and dental examinations for focal children. Home Visitors did not frequently mention medical and dental examinations for the needs assessment, but had already identified many families with these needs for the Family Services Administrator.

Another need articulated by Home Visitors was for educational activities for several focal children who needed extra pre-school experience.

Finally, Home Visitors were concerned about a number of families with social and psychological needs. Their concern with plans to deal with these problems is reflected in the number of needs they identified in the social and psychological service area.

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the fall program visit by case study staff.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessments sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services, and priorities.

In identifying needs, Home Visitors were reluctant to project their own values onto a family, and therefore hesitant to assume that their assessments of family needs were complete. A few Home Visitors carefully noted that the needs they saw for some families were not identified as needs by the family itself. Other Home Visitors indicated that they could not register some needs they might have identified because they felt they had no right to record some personal aspects of the families they visited. In general, Home Visitors did not want to identify or try to deal with personal and social problems of the families unless they were specifically asked by family members to provide assistance in those areas. For most families, Home Visitors listed needs they believed to be most important; not all were needs that the Home Visitors felt they could meet immediately.

In all cases Home Visitors identified needs without discussing them with administrative staff. The program will keep copies of the Family Needs Assessment Forms for further use in structuring and planning services.

The summary of needs on the following page is based on assessments for families. Because Home Visitors were careful to qualify their assessments, the summary should not be taken as a record of needs for families in this program. Rather, the summary should indicate the kinds of needs readily perceived and openly dealt with by Home Visitors.

SUMMARY OF
FAMILY NEEDS ASSESSMENT SHEETS

Health

Problems/Needs	# of Children	Problems/Needs	# of Parents
Medical and dental examinations	8	Medical examinations	4
Support for medical problems	5		
Medical referrals	4		

Education

Problems/Needs	# of Children	Problems/Needs	# of Parents
Language development	5	English	4
Attention span	4	GED diploma or continuing education	6
Special problems (colors, vision)	2		

Nutrition

Problems/Needs	# of Children	Problems/Needs	# of Parents
None specified		Surplus food	5
		Using surplus food	9

Social/Psychological

Problems/Needs	# of Children	Problems/Needs	# of Parents
Companionship or play group	9	Companionship-social	9
Counseling	3	Counseling	9
Attention/support	6	Day care	3
		Job or job counseling	9
		Housing	6

C. Program Components: Objectives, Services, Needs

1. Education

Objectives - Spring 1972

The objectives written in Spring for educational activities in the Gloucester Home Start program were:

- Develop curricula uniquely suited to home visiting.
- Develop Home Start as a model for decentralized education.
- Encourage self-confidence in mothers as teachers of children.
- Help parents and children to be comfortable with feelings about themselves and their world.
- Develop a toy-lending library.
- Establish the Center Materials Workshop.
- Encourage parents to participate freely in workshops and teaching activities.

Objectives Achieved

A few of the education objectives are easily evaluated. The toy-lending library is in full operation and includes two hampsters, two guinea pigs, and some white mice, which live in the center but are taken from home to home. The center Materials Workshop is beginning to be used by parents who come with Home Visitors or in individual groups to make games and toys. The Gloucester Head Start staff also held an orientation session which met in the Workshop. Director Rose Margosian is pleased to point out that the Workshop is the only one of its kind available for other groups in Gloucester. Even a modest use charge for the groups wishing to use the Workshop will help cover expenses of equipment (tools and electrical saws, etc.) and materials, and will provide for the future growth of the Workshop.

Other objectives can only be measured as they continue to be met and continue to be developed. Both the Director and the Home Visitors are writing curricula based on their home visiting experience.

The concept of developing Home Start as a model of decentralized education is reinforced daily. As a model, the program is well publicized along the Gloucester "grapevine" and in the Gloucester Daily Times, where a story on Home Start runs nearly every week. The Family Service Administrator devotes careful attention to opportunities for publicity for the program.

It is becoming apparent that progress is also being made toward the less quantifiable aims of helping parents become self-confident about themselves and their children. The Director and Home Visitors indicate that they can see changes in both parents and children. Not all families move at the same rate or in the same direction, but the Home Start staff seems particularly sensitive to and respectful of each family's rhythm and tolerance for change.

Although Home Visitors attempt to provide services beyond education, educational activities command from 50% to 75% of all the time spent in homes with families. Additional planning and training time during each week is devoted to developing lessons, materials, and activities for home visits. Home Visitors estimated that they spent from 8 to 15 hours each week preparing educational materials for home visits. Each Home Visitor is allotted $10 per month to spend with 10 families. Some, for example, have bought workbooks, gone bowling, and treated the family to ice cream with the funds.

Children

In planning for typical home visits as well as for families with children who need special attention, each Home Visitor has responsibility for deciding what activities and materials are appropriate. Home Visitors consult with each other to share ideas and activities; each Home Visitor has developed a specialty. One is a former Montessori Teacher and helps define activities for particular ages. Another is good at planning visits to points of interest in the community, and another is especially clever in suggesting craft projects. During the Friday planning sessions, the Director, who has a degree in Early Childhood Education and is presently doing graduate work, also helps advise Home Visitors in lesson planning.

Needs identified in education for children prompted Home Visitors to identify a need in education for themselves. Home Visitors need, they feel, a planning guide that defines children by levels of development. Home Visitors feel this guide would help them determine what activities are appropriate for children they visit. They have discussed their desire to have this kind of curriculum guide. The Director is concerned that such a guide not restrict the kinds of activities Home Visitors feel are appropriate for children and discourage development of new activities. Nevertheless, the Director has begun an outline for seasonal activities for home visits. She plans, in addition, to put together a guide to levels of development for Home Visitors.

Parents

Among needs for parents, instruction in English was described for some families. The Home Visitor for these families had attempted, on three occasions, to provide the instruction that families said they wanted (but passed up opportunities to begin). The Home Visitor is experimenting with different types of informal instruction and is now working separately with interested families.

The need for jobs or job training is more widespread. Jobs are scarce in Gloucester for even the trained worker, and training facilities are scarce. The Director has arranged for a representative of the Work Incentive Program (WIN) to speak with Home Visitors. They ruefully observe that the area WIN Program is presently frozen for lack of funds and training opportunities.

A couple of Home Visitors have found full- or part-time jobs for members of their families, usually a father or a brother. But many families and Home Visitors are looking ahead to the time when Home Start children will be ready for kindergarten or school, giving focal parents (often mothers) their first real opportunity to earn a living for their families. Many of these parents want to begin training on a part-time basis now.

Referrals

Efforts by Home Visitors and the Family Services Administrator to address educational needs of all family members have paid off. For example:

- One mother is enrolled in a GED course to get a high school equivalency diploma.

- One mother has secured a tuition-paid course to begin an Associate of Arts degree at a nearby college.
- One child received a Montessori scholarship as a result of Home Start staff work; staff also arranged for her sister to attend a private high school near Boston on full scholarship.
- One child was removed from a remedial to a regular classroom where she now does well; the change was made through the persistence of her family's Home Visitor.

Needs - Fall 1972

Education

Problems/Needs	# of Children	Problems/Needs	# of Parents
Language development	5	English	4
Attention span	4	GED diploma or continuing education	6
Special problems (colors, vision)	2		

Home Visitors expressed concern with the unusually short attention spans or inability to cooperate among several children. The Director (a former Head Start Teacher and Director) led a discussion of home visit experiences; she then explained variations in attention span and persistence that could be expected of children from three to five years old. Several children who needed support for special problems were also identified. Home Visitors felt they were providing good overall support in helping parents understand the child's need for encouragement.

Additional Arrangements for Meeting Needs

Problems of language development in children were noted; arrangements will be made to have some consulting and diagnosis for children done by the Speech Therapist who serves Head Start in Gloucester.

Objectives - December 1972

Objective	Resources	Completion Date
1. Develop "levels of development" guidelines for learning of three-, four- and five-year-olds for use by Home Visitors in planning home visits.	Director, Coordinator of Home Visitors and Consultants	April 1, 1973
2. To develop packets of learning materials to be used when a home visit cannot take place due to illness or cancellation.	Directors, Coordinator of Home Visitors	May 1, 1973
3. To develop a curriculum divided into units of science, math, pre-reading, art, and music to be used by the Home Visitors.	Director, Coordinator of Home Visitors, and Consultants	July 1, 1973
4. To develop parent education seminars in at least the three following areas: creative movement, home health and safety, and in helping children in expressing real feelings (Human Development Program by Dr. Uvaldo Palomares).	Director and Coordinator of Red Cross, Home Visitors and Consultants	July 1, 1973
5. To explore the possibilities of providing a course in English as a second language for Italian speaking families in conjunction with Head Start	Director, Family Services Administrator, Head Start Director	March 1, 1973

2. Health

Objectives - Spring 1972

In Spring 1972 the Gloucester program identified as preliminary health objectives:

- Physical examinations for focal children who needed them.
- Dental examinations for focal children who needed them.
- Health services to other family members as needed.

Objectives Achieved

In the fall, few focal children had yet received medical and dental examinations. A health checklist developed by the Family Services Administrator and completed by Home Visitors for each family had identified children and parents who needed medical and dental services.

Direct health services (not including psychological referrals) were limited, during the first four months of home visiting, to medical treatment for some focal children and parents. Several families have been enrolled in Medicaid after referrals by Home Visitors.

Home Start is authorized to provide health services only for those families who are not eligible for Medicaid. The registration and eligibility requirements for Medicaid are confusing, but it is clear that a family which refuses to register for Medicaid when eligible cannot receive health services paid for by Home Start. Although several families have been enrolled in Medicaid since June, several more families who need health services are reluctant to go through the enrollment procedures which would qualify them for Medicaid.

No full- or part-time certified health person is on the staff. Pre-service staff training did not emphasize health treatments or preventive care for families, but a Boston pediatrician spoke at one session on infant care and stimulation. One in-service training session included a presentation/ discussion by state mental health staff members on teaching developmentally disabled children.

Home Visitors have generally identified and arranged health services for their families during the first four months of the program. For especially difficult problems, the Home Visitors may ask the Family Services Administrator to help arrange services. He works with Home Visitors to assume responsibility for appointments, transportation, and follow-up to ensure services were received. This is not an easy task in Gloucester, where no dental clinics and only one hospital exist; most referrals must be made to private physicians.

Most Home Visitors report an average 5% of home visit time is spent discussing family health. This 5% is about one composite hour of the 20 hours spent each week with families in homes. This time may be divided about equally among 10 families and may touch on such topics as dressing for cool weather, the advisability of having flu shots, or relationship of nutrition to health. For other Home Visitors, the hour is divided between two families which have special health problems, or is concentrated on a single family which the Home Visitor feels may need to be motivated to obtain health treatment.

Home Visitors also reported from five to 12 hours each week spent providing indirect services, which included making appointments for health services and providing transportation for such services.

Although consolidation of responsibility for health services might be indicated, Home Visitors stressed that they feel it is important to maintain personal responsibility for families even for health referrals. Several Home Visitors mentioned that there is considerable resistance by some focal parents to obtaining medical services that have been unavailable or unused for a long time.

Needs - Fall 1972

According to the health checklists and needs assessment instruments, the Home Start program has identified the following needs for its families:

- Physical examinations for 41 focal children.

- Dental examinations for 46 focal children.
- Physical examinations for four focal parents.
- Enrollment of families in Medicaid as needed to provide health services for parents and other children.
- Support to families in dealing with special problems under treatment (epilepsy, vision problems).

Needs assessment sheets showed only a few medical and dental needs for families. It is likely that Home Visitors felt these needs had already been identified by the program's health checklist and that services were being planned.

Additional Arrangements for Meeting Needs

An innovative possibility for providing health services to Home Start is being explored, one which Home Start staff believe is very exciting. A Harvard Medical School faculty member, Dr. Barry Brazelton, who participated in pre-service Home Start training, has expressed interest in having some of his pediatric residents from Boston observe the Home Start Program. He is interested in observing the process of home visiting as a means for developing home-based health care in urban areas. Director Rose Margosian hopes to exchange the observation and training opportunities provided by Home Start for physical examinations done in homes by the visiting residents.

Clarification of Medicaid eligibility and enrollment is being planned for one Friday's training session.

The health checklist completed for each family is to remain in family files as a permanent record of health services provided by the program. The checklist will be updated periodically.

Objectives - December 1972

Revised objectives for health services include:

Objective	Resources	Completion Date
1. Provide dental examinations for 46 focal children and register in health file.	Family Services Administrator Director Home Visitors	May 1, 1973
2. Complete medical examinations for 20 focal children not covered by AFDC/Medicaid.	(same resources)	"
3. See that all program children are up to date on immunizations	"	"
4. Parents to meet with community health representatives and local resource persons in areas of communicable disease and family planning.	"	"

3. Social/Psychological Services

Objectives - Spring 1972

Objectives for social/psychological services were not specified in Spring, since home visiting had not yet started and family needs had not been identified. Instead, the program arranged with two agencies to provide general services. For social services, such as employment, housing, training, alcohol and drug counseling, referrals were to be made to programs sponsored by ACTION, Inc. Psychological services were to be provided by the Cape Ann Children and Family Center of the Addison-Gilbert Hospital in Gloucester.

Objectives Achieved

Home Visitors report that from 15% to 30% of home visiting time is devoted to discussion and planning for services that fall into the social/psychological category: jobs, housing, social groups, public assistance and psychological counseling. Other time is spent arranging for health, social and other services.

As they do for education and health, Home Visitors deliver most social/psychological-related services themselves. There is sharing of problems and solutions among Home Visitors and with the Director and Coordinator of Home Visitors.

Staff know that several children benefit from play groups where they can become more comfortable with other children and adults. Home Visitors are meeting this need in a variety of ways. Many Home Visitors often combine home visits with two or more families. Often they organize small groups of families (three or four) for a specific activity. One Home Visitor, for example, took seven mothers and children to visit a farm in Rockport.

Home Visitors feel that weekly visits, group trips, and center meetings, are also helping focal mothers to expand opportunities for social life.

Two families have been referred for counseling at the Cape Ann Children and Family Center. Referrals to ACTION, Inc. have been limited to those for surplus food.

Help with family housing problems has been most difficult for Home Visitors since low-cost housing around Cape Ann is scarce. Three referrals have been made to ACTION for employment and legal aid. Increased assistance may be available from ACTION, Inc. in these areas within the next few months. Home Start staff have also referred three family members to Neighborhood Youth Corps at ACTION, Inc.

Providing day care services for parents can be met only through the efforts of individual Home Visitors. Though day care is not readily available in Gloucester, three families have obtained services through Home Start referrals. One Home Visitor helped a family with housework after the focal mother had major surgery, since neither Home Start nor the family could afford to pay for domestic help.

Needs - Fall 1972

Of all family needs identified by Home Visitors, the social/psychological area contained the greatest number and the greatest diversity of needs.

Social/Psychological

Problems/Needs	# of Children	Problems/Needs	# of Parents
Companionship or play group	9	Companionship-social	9
Counseling	3	Counseling	9
Attention/support	6	Day care	3
		Job or job counseling	9
		Housing	6

Many needs identified in this area are being addressed by Home Visitors and must be done individually as time permits and families begin to recognize their own strengths in solving problems.

Additional Arrangements for Meeting Needs

Psychological counseling for children and parents in the future will be handled by two agencies. Originally, all psychological counseling and diagnosis was to be done through appointment at the Cape Ann Children and Family Center. The Center, however, as the only family center in the area, is extremely busy and Home Start administrators have not been satisfied with this as their sole resource for psychological consultation and referrals. Consequently, four Gloucester programs sponsored by ACTION, Inc. have pooled their money to arrange for the services (a day and a half each week) of a Psychiatric Social Worker from the Children's Friend and Family Services of Salem, Massachusetts.

In addition to expanding psychiatric consultation services, three Home Visitors and the Family Services Administrator are attending group meetings, which will assist them in informal counseling with families.

As for the need of children for male companionship, administrative staff plan to devote special attention to involving fathers and other male family members in Home Start activities, now that parent group meetings have begun. In a few families where both parents are present, men have sometimes been reluctant to allow their wives and children to participate in group or center activities. In these families, the Home Visitors have often made evening visits to talk with both parents about planned activities.

Objectives - December 1972

For psychological and social services during the next six months, the program plans to:

Objectives	Resources	Completion Date
1. Continue to work closely with home visitors in identifying problem areas and making psychological services available.	Director, Home Visitors, Family Services Administrator	May 31, 1973
2. Continue to provide legal aid and employment (and educational) counselling through local CAP Agency.	"	"

4. Nutrition

Objectives - Spring 1972

The single Spring objective related to nutrition was:

- Help families obtain surplus food when they express a desire to obtain it.

Objectives Achieved

Since May, ten referrals have been made to the Surplus Commodity Food Office through ACTION, Inc. "Sometimes it takes two days or more of calling and making arrangements before families can get food. If I go into a home where there's no food for supper that night, and no money to buy it, that's not soon enough," said one Home Visitor.

Home Visitors have asked the Family Services Administrator and the Director to intervene with the Surplus Food Office in order to improve availability of food. Home Visitors will continue to arrange families' appointments with the Surplus Foods Office to register and obtain the foods. Procedures require that the family represent themselves in person at the Office before they can obtain the foods.

Activities are also under way to help families learn to use surplus foods. Initial center meetings, held at three different times and involving three separate groups of Home Start mothers and children, were devoted to discussions and demonstrations of ways to prepare meals using surplus foods. Demonstrations were planned and directed by a Nutritional Aide from the Essex County Agricultural Extension Agency, based in Gloucester.

In addition, Home Visitors each have a copy of the "Commodity Cookbook" which contains a variety of recipes using surplus food. The program plans to order extra copies so that mothers may have their own cookbooks.

Needs - Fall 1972

In October the nutrition needs for families once again concentrated on surplus food:

Nutrition

Problems/Needs	# of Children	Problems/Needs	# of Parents
None specified		Surplus food	5
		Using surplus food	9

Home Visitors felt that nutrition is sometimes a difficult topic to discuss with mothers because they have limited contact with family meal preparation and planning.

Additional Arrangements for Meeting Needs

According to the Director, nutrition will be emphasized in future center meetings wnere preparing snacks for mothers and children will be part of regular activities.

Objectives - December 1972

For nutrition service in the coming months, an objective might be:

Objective	Resources	Completion Date
1. Obtained surplus food for all qualifying families as of 12/30/72.	Director or Administrator Home Visitors	March 1, 1973
2. Obtain help in preparing food and solving family nutritional needs for 15 families through Essex Agricultural Cooperative Nutritional home visitors.	"	"

APPENDIX A

Summary

CASE STUDY I

Spring 1972

GLOUCESTER HOME START PROGRAM

MASSACHUSETTS

CASE STUDY I -- SPRING 1972

[The following summary describes the program as it was in May 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study, Interim Report 1b (case studies).]

I. SUMMARY SPRING 1972

Gloucester Home Start serves five small towns and cities in the Cape Ann area of Massachusetts; an irregular, wooded, and increasingly populated shoreline area only an hour's drive from Boston. Most of the 30 families in the program live in Gloucester. A few are from Ipswich and Rockport and recruiting for more families is being done in Manchester and Essex. The program will serve 60 Cape Ann families this year; home visits began in Gloucester in June. Staff and families are all Caucasion, although several non-anglo ethnic groups (Portuguese, Italian, Greek, and others) are represented among families.

Staff

Three administrative staff work closely with each other and with the six Home Visitors. The Director is responsible for the overall design and administration of the program; a former Director of Gloucester Head Start, she has a good relationship with the Gloucester parent community. A Coordinator of Home Visitors does what her title suggests, and is also responsible for in-service staff training. The Family Services Administrator coordinates families referred for various services available through Home Start: health check-ups and treatment, social services, psychological or family counseling, and education. He also keeps records and reports for the program. All three are informal advisors in planning education activities with Home Visitors for individual families.

Staff Training

Although services will be available through referral to community agencies, most direct services will be provided by Home Visitors. Because the Home Visitors are the most important link with families, Gloucester Home Start staff participated in three weeks of pre-service training in May 1972 before home visits began.

Designed by the Home Visitor Coordinator, training has included observations of children in many settings, studies and discussions with other home visit programs, workshops at the Cambridge Advisory for Open Education, a conference on Adult Basic Education, Parent Effectiveness Training (P.E.T.), lectures and demonstrations by Early Childhood experts from Gloucester, Cambridge, and Boston. As Home Visitors identify new needs for skills to help them better serve their families, in-service training will be arranged as a regular weekly activity.

Services

Health

Although nearly 30 agencies exist to provide social, educational, health and psychological services in the Cape Ann area, many residents do not know about or have difficulty obtaining these services. Health services will have to be provided almost entirely by private physicians and dentists, in the absence of regular clinics. The Family Services Administrator is designated to help Home Visitors see that all families actually receive the services they need.

Social/Psychological

Psychological and family counseling will be available through the Cape Ann Children and Family Center; some nutritional services will be provided by residential nutrition aides located in Gloucester.

Education

Educational activities during home visits will emphasize things that parents and children can do with each other. During the summer, many home visit activities are planned for the beach, parks and wooded areas around Cape Ann. Home Visitors will be emphasizing activities that parents can do as part of continuing family life.

Nutrition

Present plans for nutrition have yet to be developed, but arrangements have been made with the Nutrition Aide Program of the Essex County Agricultural Extension Agency.

Parent Participation

In addition to educational activities, the Gloucester Home Start Program features two resources designed to encourage parent interaction at the Home Start Center; organization of the Home Start Parent Council will await recruitment of all families. One is a Toy Lending Library. Toys fill the windows of the storefront Home Start Office in Gloucester, inviting children and parents alike to browse and borrow.

Upstairs, two light high-ceiling rooms contain a Workshop where Home Visitors create toys and games for their families. This Workshop will be open to, and staffed by, parents of Home Start families for their own experiementation in making toys for their children.

Program Goals and Objectives

The overall goals of the Program remain essentially unchanged from those which appeared in the Program's funding proposal:

- To involve parents directly in the educational development of their children.
- To help strengthen parent's capacity for facilitating the general development of their own children through home visits, center workshops, and parent involvement meetings.

- To make available to parents comprehensive outreach services.
- To develop a career ladder for Home Visitors.
- To activate and coordinate with existing community human services -- Surplus food, Coop store, Credit Union, Mental Health Clinic and Social Services.

Objectives identified by the program in May included:

- Set up a satisfactory working relationship among staff to deliver services.
- Identify materials and curricula best suited for the home visit program.
- Investigate possibility of obtaining a permanent location for Child Development Program in Gloucester (including Home Start).

Since most staff are long-time residents of Gloucester, they respect the local traditions of family loyalty and independence. Staff are eager to understand what kinds of services and activities parents want for themselves and their children and expect to shape the Home Start Program according to what parents would like.

Case Study II Fall 1972

Project Home Start
Reno, Nevada

Principal Author: John Love

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PREFACE

The formative evaluation of the Home Start Program is based on a case study approach. Each case study is developed after field visits to each of the 15 demonstration programs. Case Study workers from Abt Associates and High/Scope Educational Research Foundation first visited programs in Spring 1972. A second visit took place in Fall 1972 and subsequent visits are planned each six months (Spring and Fall) for the remaining two years of the evaluation.

- During the first visit in May field representatives sought to identify the goals and objectives which programs had set for themselves in early weeks of operation. Field staff found most programs to have program goals reflecting national Home Start goals. Objectives, many unique to start up operations, for the four service components (health, education, nutrition, psychological and social service) were termed "preliminary objectives" as many were written before families were actually recruited for the program.

  NOTE: For a comparative view of this program as it was in the Spring of 1972, please read the Summary of Case Study I in Appendix A.

- For the second visit in Fall 1972, field representatives asked programs to describe their successes and/or problems in reaching the preliminary objectives they had set in May and to refine the objectives necessary to meet goals based on several months of program operations. In addition, field staff attempted to describe the working relationship between program goals, objectives and the services actually provided to families.

  In order to compare program goals and objectives with services provided, Home Start Program staff were asked to complete a needs assessment[1] for each family enrolled in the program. The needs assessment was used by field representatives in discussions of program operation with program staff. Finally, the needs assessment was used by programs in refining their preliminary objectives and setting priorities. Revised objectives for program operation, written by the programs in December, based on a review of preliminary objectives, needs assessment and resources available appear in the case study, Section IV.

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[1] See Section IV. An "Assessment of Needs" for detailed description.

IN BRIEF

OCTOBER 1972

GENERAL

TYPE OF PROGRAM:	Urban
SPONSORED BY:	Economic Opportunity Board of Washoe County
ADMISSION CRITERIA:	Head Start Guidelines
PROGRAM START-UP DATE:	July, 1972
HOURS OPEN:	Monday - Friday, 8:30 a.m. - 5:30 p.m. (staff on call evenings and weekends)

FAMILIES

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
ENROLLMENT:	0		39		+39	infinite

STAFF

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL PAID STAFF:	0		11		+11	infinite
Full-Time	0		11	100%	+11	infinite
Part-Time:	0		0			
TOTAL IN-KIND STAFF:						
Full-Time	0		0			-
Part-Time	0		0			-
ETHNICITY OF STAFF:						
Anglo:	0		7	64%	+ 7	infinite
Black:	0		4	36%	+ 4	infinite
Chicano:	0		0			-
Indian:	0		0			-
Oriental:	0		0			-
Other:	0		0			-
SEX OF STAFF:						
Female:	0		9	82%	+ 9	infinite
Male:	0		2	18%	+ 2	infinite

STAFF POSITIONS: Education Division Head (Head Start/Home Start Director); Home Start Supervisor; Education Specialist; Social Services Specialist; Health Service Specialist; Home Visitors (7)

POSITIONS OPEN: Division Head (Director); 3 Home Visitors

CHILDREN

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL HOME START CHILDREN:	0		39		+39	
TOTAL CHILDREN (ELIGIBLE FAMILIES):						
0-12 months:	0		1	1%		N/A[1]
13-24 months:			9	10%		-
25-36 months:			9	10%		-
37-48 months:	0		19	21%		-
49-60 months:			18	20%		-
61-72 months:			9	10%		-
6-9 years:	0[2]		15	16%		-
10-13 years:			7	8%		-
14-18 years:			5	5%		-
ETHNICITY OF FOCAL CHILDREN:[3]						
Anglo:	0		30	77%		N/A[3]
Black:	0		4	10%		-
Chicano:	0		3	8%		-
Indian:	0		2	5%		-
Oriental:	0		0			-
Other:	0		0			-
SEX OF HOME START CHILDREN:						
Female:	0		21	54%	+21	infini
Male:	0		18	46%	+18	infini

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[1] Figures for children in the age groups below 3 years and above 5 years were not collected in Fall 1972. No comparisons can be made between Spring and Fall for percentages of children in each age group.

[2] In Spring 1972, children up to the age of 21 were considered Home Start children; Fall figures include children up to the age of 18.

[3] In Spring 1972, ethnicity of children was identified by ethnicity of parents; Fall figures refer to ethnicity of children themselves. No comparison of percentages is possible.

PARENTS

	Spring 1972		Fall 1972		Changes	
	No.	Percent	No.	Percent	No.	Percent
TOTAL FOCAL PARENTS:[1]	0		59		+59	infinite
SEX OF FOCAL PARENT:						
Female:	0		39	66%	+39	infinite
Male:	0		20	34%	+20	infinite
Families in which both parents are considered focal parents:	0		20	46%	+20	infinite
EMPLOYMENT OF FOCAL PARENT:						
Employed:[2]	0		17	29%	+17	infinite
Unemployed:	0		13	22%	+13	infinite
In School or Training:	0		1	2%	+ 1	infinite
Unknown:	0		28	47%	+28	infinite
EMPLOYMENT OF FAMILIES:[3]						
Employed, Regular:	0		13	33%	+13	infinite
Employed, Part-Time or Seasonal:	0		4	10%	+ 4	infinite
Unemployed or Unknown:	0		22	56%	+22	infinite

ESTIMATED FUNDING:

HEW:	$100,000
In-Kind:	12,350
Total:	$112,350

FOR FURTHER INFORMATION, CONTACT:

Mike Greenan
Home Start Coordinator
Project Home Start
195 N. Arlington Avenue
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[1] A focal parent is one who, along with the focal child, is the focus of Home Visit activities.

[2] Employed as used here includes full-time, part-time, and seasonal employment.

[3] A family may be considered "employed" if one or more parents are employed in full, part-time or seasonal work.

I. PROGRESS REPORT

A. Impressions -- October 1972

Home Start in Reno is just beginning. Considering that the staff has been on the job for only a couple of months at maximum and that there was added disruption with the resignation of the Director, it is a good beginning. Systematic procedures for canvassing neighborhoods to be served by Home Start have been worked out, and the four Home Visitors have spent a lot of time since August in recruiting. As of October, 39 families have been enrolled, and recruitment is continuing as more Home Visitors are hired.

The staff members work well together and show mutual concern over making Home Start work in Reno. They are currently searching for a Director, but they continue to serve families and are beginning to feel that they might have an impact. As of the first week in October, the Reno Home Start Program still has a distance to go before it can be recognized as fully implemented. Nonetheless the staff has come a long way since May. Reno Home Start Program has enormous potential.

B. Program Update

There are several significant changes that have occurred since the first case study in May 1972. The most important changes have occurred within staffing. The Director (the Education Division Head of the Economic Opportunity Board) resigned as of September 29. The guidance and planning of Marie Mills as Director was a significant factor in the program's start-up. She was largely responsible for hiring the current staff and for directing the effort of re-working the local goals and objectives. The individual who fills the Director's vacancy will have an important influence on the direction that current efforts are taking.

Staff

New personnel hired since May include the Social Services Specialist, the Home Start Supervisor, and the Education Specialist. The Education Specialist is a newly-created position. As a condition for receiving funding, the Regional OCD Office requested a change in the original plan of having an Education/Training Supervisor responsible for the Education Component of Head Start and Home Start, as well as supervising the Head Start Teachers. Under the modified plan, the position of Education Specialist was created to provide the coordination for curriculum work (both in Home Start and in Head Start).[1] The position of Head Start Supervisor, supervising five Head Start Teachers and five Aides, is then a position administratively independent of the Home Start Program. It was also decided to work with seven Home Visitors (serving 12 families each) instead of eight, mainly so that salaries could be raised.

Families

Recruitment of Home Start families in Reno is not yet complete. Of the 39 families now enrolled, however, 17 are single parent families. In 20 families both mother and father are considered by the program to be focal parents.

Among the 39 families there are 39 focal children; 24 who are three years old, 12 who are four years, and three who are five years. Ethnically, the program serves three children who are Mexican American, 30 Anglo, four who are black and two who are American Indian.

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[1] See Organization Chart on page 5.

For families enrolled in the program in fall 1972, 34 of the 39 families have yearly incomes under $4,000. Only five other families have incomes between $4,000 and $6,000. Home Visitors report that 17 families have one or more parents regularly employed.

Some families participate in other federally sponsored programs. Ten families participate in Federal Surplus Commodity program; in addition, nine families receive Medicaid and eight receive Aid for Dependent Children. The Work Incentive Program and Follow-Through engage one member each of two families.

Goals and Objectives

An additional change has been in the reworking of the Home Start goals and objectives. This was done during July, when some of the new staff were on the job. These goals and objectives (which are presented in Section IV) represent a primary change in the sense that the goals and objectives are more realistic and more measurable from the point of view of the Home Start staff.

Finally, there has been a reshuffling of offices so that the amount of space allocated to Home Start is more adequate for the needs of the enlarged staff.

II. ADMINISTRATION AND TRAINING

Organization and Planning

The Home Start Program is organized so that most personnel are shared with Head Start.[1] The person responsible for the operation of both programs is the Head of the Education Division of the Economic Opportunity Board. This position became vacant on September 29 when Marie Mills resigned, and they are interviewing for a new Division Head. Four persons, who are directly responsible to the Education Division Head, work with the Home Visitors. The Home Start Supervisor, Mike Greenan, supervises the daily work of four Home Visitors (there will soon be seven). Mike also coordinates activities (discussions of family needs, Home Visitor needs, and planning) with the Education Specialist (Leila Beard), the Health Specialist (Sarah Battle) and the Social Services Specialist (Kerry Harris). Except for Mike, each works for Head Start as well as Home Start.

The fact that some of the supervisory staff members are involved in both the Home Start and Head Start Programs means that there can be a greater sharing of ideas and resources than might otherwise be possible. Mike is even thinking of ways in which Home Start and Head Start can develop a career ladder to enhance the capabilities of both Head Start Teachers and Home Start Home Visitors. His idea for career development is to start a person as a Head Start Teacher Aide. After extensive classroom experience -- during which time the individual would acquire practical experience in working with children, using curriculum materials, and planning activities -- the Aide could move into a Home Visitor role. In this position the experienced Aide would gain broader experiences in working with parents. When the Aide moved up to Head Start Teacher, Head Start would have a Teacher with wide experiences and a greater appreciation of the importance of parent involvement.

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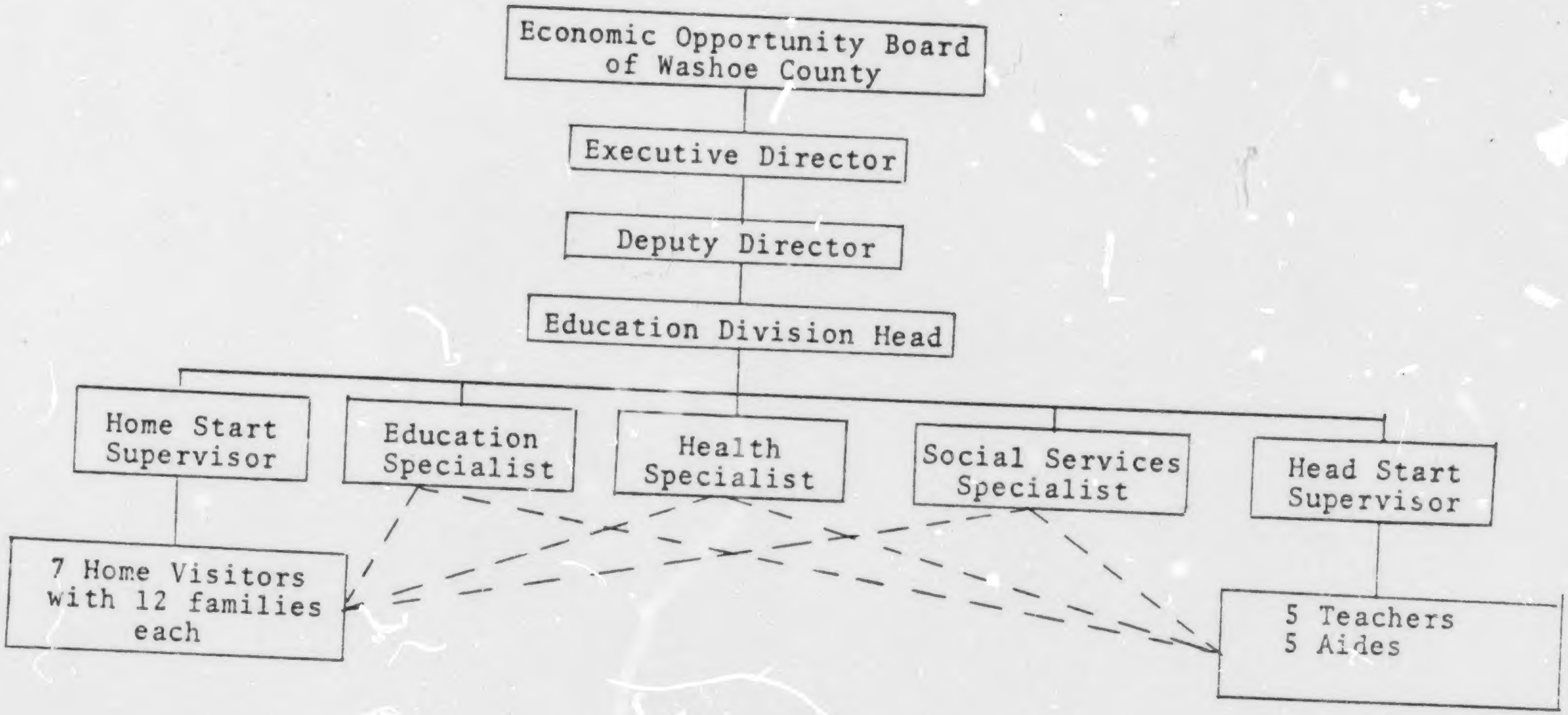
[1] See organization chart on following page.

Organization Chart


Economic Opportunity Board of Washoe County
Executive Director
Deputy Director
Education Division Head
Home Start Supervisor
Education Specialist
Health Specialist
Social Services Specialist
Head Start Supervisor
7 Home Visitors with 12 families each
5 Teachers
5 Aides

Record Keeping

Home Visitors keep several record forms which help Education, Health and Social Service specialists plan services for families. A Family Log is maintained on each family. On this form, the Home Visitor keeps a running account of particularly meaningful impressions and observations. An Activity Sheet is used for recording the educational activities that are done on each visit. The Home Visitor lists the activities he or she undertook during the visit, any materials used, and makes a note of both the parent's and the child's reaction to the activity.

Whenever a Home Visitor makes a "significant" contact with a family -- whether it be a regular home visit, a telephone conversation, or a social visit -- a Contact Form is filled out. This form has space for indicating the results of the contact and what problems there might be. There is also room to indicate if the parent was advised of any community service, if a referral was made, and whether there is need for follow-up or assistance from the Supervisor or one of the Specialists. If the Home Visitor obtains information that would require updating the Family Information Record, that is noted on the form as well.

In order to document the recruitment process, the Home Visitors fill out a Recruitment Report which records addresses, whether an application was filled out, and an explanation if an application was not obtained at that address. At this stage in the Reno start-up, Mike feels it is important to document how many contacts are made. It is part of a systematic and methodical process for attempting to reach potentially eligible families. The Home Visitors also keep records of all their mileage to and from homes, and their time on the job.

These record forms are designed not only to store information but also to assist in the process of meeting the needs of the Home Start families. The most important planning toward this end comes during the weekly staff meetings when Mike, Kerry, Leila, and Sarah listen to the Home Visitors discuss their plans and ideas for each family.

Staff Training and Development

Staff training and development began soon after the first four Home Visitors were hired in August. Two weeks of pre-service training consisted of: an orientation to the Economic Opportunity Board; an introduction to all the agencies to whom referrals could be made (including visits to the agencies); an introduction to early childhood education by Jerry Johnson, the Head Start State Training Officer; a description of the Far West Learning Model by Lucy Lundgren, the Head Start Supervisor; a tour of Reno's low-income neighborhoods; and a session on interview and recruiting techniques. Additional pre-service training was held in September, including: workshops on making education culturally relevant, by Mary Lewis, the regional ARD; workshops on child development by Eva Essa, of the University of Nevada Home Economics Department; and workshops on Early Childhood Education by Morris Lucas.

In-service training involves a series of workshops held every Monday morning. These include sessions held by the three Head Start/Home Start Specialists and a University of Nevada extension course in Preschool and Kindergarten Education (for which the Home Visitors earn college credit) coordinated through Jerry Johnson. Sarah Battle will be offering training in first aid, and Kerry is planning some type of training in identifying psychological problems.

Finally, all the Home Visitors are going through an eight-week introduction to Far West's Toy Lending Library (one night a week) so that they can take advantage of the Toy Lending Library in Reno. Mike Greenan explained that the three new Home Visitors will not get as extensive a pre-service training session, but that they will receive all the content. Sessions that had proved to be less effective or relevant will be eliminated.

III. PARENT PARTICIPATION

Although parent involvement in policy making is just getting underway, it is designed to follow Head Start Policy 70.2 concerning the areas in which parents will have general responsibility, operating responsibility, and areas in which they must be consulted. The Policy Council, in the process of preparing the annual proposal and budget, will receive recommendations from the Head Start and Home Start staff, and will, in turn, make recommendations to staff on the goals of the program. The Policy Council also reviews the completed proposal and budget and makes its recommendations.

The Parent Policy Council will be a combined Home Start and Head Start group. Exactly how this will function is up to the current Head Start Policy Council to decide. It is expected that parent representation to the Council will be determined in a fashion analogous to that employed in Head Start -- the parents of each Home Visitor will get together to elect one or two representatives to the Policy Council. Subsequent plans will have to be worked out within the Policy Council. One possibility suggested by some of the staff is that the Policy Council divide into subcommittees for getting their work done. That way, Home Start parents will be able to work together on their concerns and also work with the joint council on concerns that apply to both groups.

In addition to involvement on the Policy Council, Home Start parents will get together in groups with their Home Visitor. These group meetings will permit parents to discuss problems with each other, to request speakers, and make recommendations. Mike Greenan sees this as a way to find out what parent needs are. Also under consideration at this time is an idea proposed by Jack Peters, the Deputy Director of the EOB. Jack suggested that parents who have particular skills could be called upon to conduct workshops for other parents in order to share the knowledge parents already possess.

IV. FAMILY NEEDS AND PROGRAM SERVICES

A. Program Goals and Priorities

The two broad goals for Reno Home Start were developed in March 1972 and remain the same:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their children.

Along with these broad goals, the Reno Home Start proposal in March 1972 also stated a goal for each of the four service components: nutrition, health, psychological and social services, and education.

During July the former Director, working with the newly hired Home Start Supervisor and the Social Services Specialist, drew up completely new goals and objectives for each of the service areas. Home Start staff, particularly Education Specialist Leila Beard, have already identified the necessity of translating objectives into measurable terms and working out procedures for knowing when objectives have been achieved.

Home visits had not yet begun in July[1] when objectives were written. Thus, the objectives represent plans for the program services before families were recruited.

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[1] Home visits in Reno began with 39 families in September.

Some preliminary needs were identified in October for 20 of the 39 families enrolled at that time. Of those families for which Home Visitors identified problems, the most frequently mentioned needs among children were for health and dental care. For parents, the most frequently cited need was for education: both 1) for furthering their own education, and 2) for becoming better educators of their children.

As recruiting for Home Start families did not start until August 1972, and some families had only been visited once, program staff were reluctant to identify priorities for the entire program (except for children's health and parents' education) from a preliminary assessment of needs for half of the families enrolled.

In each area, the staff is just beginning to identify needs. They are also developing what they call a Work Program: a set of detailed procedures for meeting family needs as they are identified. Home Visitors are concentrating on providing health services and on laying groundwork for involving parents in educational activities with their children.

B. Assessment of Needs

The needs assessment process was introduced to program Directors by evaluation staff during the Directors' Conference, September 1972 in Houston, Texas. In all programs, assessments were completed by Home Visitors just prior to the October Program visit by evaluation field representatives.

Home Visitors were asked to identify in each family specific needs for health, education, nutrition, psychological or social services; they were further asked to identify which needs were most important for each family in order to learn whether patterns of need existed among families that would indicate priorities for services in the program.

Needs assessment sheets were used during field visits as a basis for interviews with Home Visitors and other service staff; assessment sheets were also used in an all-staff meeting in each program which was devoted to discussion of family needs, program services and priorities.

In Reno, Needs Assessment sheets were completed by Home Visitors for 20 of the 39 families enrolled. In some instances, Home Visitors had not yet visited newly enrolled families, or had spent such little time with the families that they were unwilling to try to identify the most critical needs.

A summary of the needs identified in Reno appears on the following page. It is important to note that the summary represents the needs identified by Home Visitors of only 20 families. For the most part, needs identified were not specific and were based on relatively brief (no more than 3 home visits) contact between families and Home Visitors.

SUMMARY OF
FAMILY NEEDS ASSESSMENT SHEETS[1]

Health

Problems/Needs	# of Children	Problems/Needs	# of Parents
General Health Needs	4	General Health Needs	2
Examinations:			
Dental	2		
Hearing	1		
Vision	1		

Education

Problems/Needs	# of Children	Problems/Needs	# of Parents
General Educational Needs	5	Adult Education and G.E.D.	6
Language Problems	1	To Feel Confident as Educators of Children	8
Follow-Through	2		

Nutrition

Problems/Needs	# of Children	Problems/Needs	# of Parents
Nutritional Needs	2	Income to Buy Food	2
		Surplus Commodities	1

Social/Psychological Services

Problems/Needs	# of Children	Problems/Needs	# of Parents
None specified		Housing (more or better)	2
		Vocational training	3
		Consultation with Child Psychologist	1

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[1] Based on assessments of 20 families (out of 39 enrolled) after a limited number of home visits.

C. Program Components: Objectives, Services, Needs

1. Education

Objectives - Spring 1972

Reno Home Start developed this general goal for education in July:

- To provide a child development program which enhances the child's emotional, social, intellectual, and physical development.

To achieve this goal, seven objectives were listed during the summer:

- Provide activities which encourage self-confidence, self-expression, self-discipline, and curiosity.
- Provide activities which will expand the child's ability to think, reason, and communicate.
- Help children get wider and more varied experiences which will improve their understanding of the world in which they live.
- Provide the child with an opportunity to frequently succeed.
- Develop a climate of confidence for the child which will help him want to learn.
- Help the child learn to get along with others in his family and at the same time help the family to understand him and his problems.
- Provide experiences which will enhance the child's understanding of various ethnic and cultural life styles.

Objectives Achieved

While Home Visitors are just beginning to discover the educational needs of the children they visit, they use objectives as general guides in planning activities for home visits. Home Visitors discuss needs for specific educational activities with Education Specialist Leila Beard and Home Start Supervisor Mike Greenan. These discussions usually take place during weekly staff meetings, but are also arranged as needed by Home Visitors.

Finding the right exercise for a certain child or solving a problem in planning educational activities is a democratic process in Reno. The Education Specialist, or another Home Visitor, may have a suggestion for meeting a specific need. If an easy, straightforward solution is not available, the staff discusses additional information, training, or resources which might help meet the need.

The Education Specialist makes most arrangements for acquiring new materials or for in-service training "volunteered" by a resource person.

Whereas most objectives for the education component are oriented toward the child, Home Visitors have already identified parents who would like adult education classes, vocational training, or more information about child development. When appropriate, parents are referred to the Washoe County School District for adult education.

Needs - October 1972

Although needs assessments completed in October do not reflect all families enrolled in Reno Home Start, the following preliminary needs were identified in education:

Education

Problems/Needs	# of Children	Problems/Needs	# of Parents
General Educational Needs	5	Adult Education and G.E.D.	6
Language Problems	3	To Feel Confident as Educators of Children	8
Follow-Through	1		

Home Visitors continue to learn to identify education needs in all Home Start families. A more thorough summary of family needs will be accomplished in the coming months.

Additional Arrangements for Meeting Needs

To make the seven educational objectives more useful to Home Visitors in working with children, Education Specialist Leila Beard believes it is important to translate objectives for education into behavioral terms. She is now working on such objectives and on procedures for knowing when they are achieved.

For parents, there are plans to have parent groups bring guest speakers to their meetings. In addition, Head Start Teachers are planning Head Start Teacher Workshops to which parents will be invited.[1]

Objectives - December 1972

Program staff prepared revised goal statements for this component, but they have not yet defined measurable objectives for services to parents and children. The revised goal statement is included in Appendix C of this case study.

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[1] Both Home Visitors and Head Start Teachers are assisted in developing educational activities by the Education Specialist.

2. Health

Objectives - Spring 1972

The goal of the health component is:

- To promote good health in Home Start families.

Six objectives have been developed to meet the goal. They are:

- To provide the staff and family with information concerning health resources and how to use them.
- To help staff and parents understand the relationship between good health and early childhood education.
- To stimulate good health habits in the family.
- To facilitate good communication concerning the families' health between parents and health personnel.
- To coordinate with local health services, specifically the EOB Health Planning Program, to focus those resources onto the needs of the family.
- To train the staff and parents to recognize indications of health problems.

Objectives Achieved

Objectives emphasize establishment of services, resources and family cooperation, and they appear to be appropriate for the program's start-up status in October. Some objectives have been met by pre-service training and by the cooperative organization of Head Start and Home Start. Home Start staff have been introduced to the health resources available to families in Reno. Coordination with local health services and the EOB Health Planning Program is done by Health Specialist Sarah Battle who is responsible for health services and referrals in both Head Start and Home Start.

Objectives for communication and education of staff and parents in good health habits are pursued as soon as a family enrolls in Home Start. Upon enrollment, each family is visited by Health Specialist Sarah Battle. She begins to establish awareness and communication with parents about health matters by collecting a medical history of the focal child and trying to determine other health needs for the family. The focal child is referred to a routine physical and dental examination which includes checks of vision, hearing and speech. Sarah Battle is making arrangements for examinations although none have yet been done.

Needs - October 1972

Although staff were unwilling to define priorities for family needs based on a partial needs assessment in October, most Home Visitors agreed that health needs (tonsillectomies, dental care, check-ups) were most important for children at that time:

Health

Problems/Needs	# of Children	Problems/Needs	# of Parents
General Health Needs	4	General Health Needs	3
Examinations:			
Dental	2		
Hearing	1		
Vision	1		

Although the Health Specialist visits each family initially, she depends upon Home Visitors to alert her to special or emergency health needs in families. Home Visitors are also expected to update program health records for the families they visit.

Additional Arrangements for Meeting Needs

Future in-service training workshops will include one devoted to first aid training, conducted by the Health Specialist for Home Visitors and other interested staff.

The Health Specialist, in arranging for all referrals, continues to seek community resources for providing more and better health care. When possible, she arranges health resources that can be counted as in-kind donations toward the program's non-federal share of the operating budget.

Objectives - December 1972

While revised goal statements for the Health Component were prepared, staff have not yet defined measurable objectives for services to parents and children. See Appendix C for revised goals for Year II.

3. Social/Psychological Services

Objectives - Spring 1972

In the spring of 1972, only one broad goal for social and psychological services had been identified by the program:

- To meet the social services needs of Home Start families, either by providing the services or making an appropriate referral.

When Kerry Harris was hired in July as Social Services Specialist for Head Start/Home Start, her first task was to compile objectives for the component. In order to meet the goal of providing psychological services, four specific objectives were outlined:

- To train the staff to recognize indications of psychological problems.
- To make staff and parents aware of what psychological service resources are available and how to utilize those resources.
- To provide information to parents relating to early childhood behavior.
- To coordinate with other agencies to provide their resources for the psychological component.

In the social services area, six objectives were developed:

- To evaluate the type, availability, and effectiveness of social services, and whether or not EOB clients use those services.
- To make staff aware of available social service resources and how to use these resources.
- To establish agreements with social service agencies as to individual responsibilities in joint cases.
- To establish a referral and follow-up information system for EOB clients.
- To make the staff aware of the referral and follow-up information system.
- To develop and implement a system for documenting the gaps in the existing social service delivery system.

Regarding the objectives, Kerry points out that Home Start cannot guarantee to meet all the social service needs of its families. Home Start actually provides few direct social and psychological services even though it does as much as possible to make referrals. These objectives were designed not only to be clearly stated and measurable, but also to be realistic.

Objectives Achieved

Most objectives for this component emphasize start-up arrangements -- establishing referral relationships with existing social and psychological service agencies, and making staff and parents aware of access to such agencies.

After objectives were written, Kerry made arrangements with existing agencies to extend services to Home Start staff and families. During the August pre-service training session, the Home Visitors were taken to each agency so they would know exactly what procedures were required for a parent to obtain legal aid, clothing, furniture, housing, treatment for developmental problems and other services.

Home Visitors are helping families with referral procedures and have made four referrals for social services since they began home visits.

Home Visitors consult with Kerry for problems in making referrals. Kerry emphasizes the importance of allowing parents to help themselves, using the Home Visitor as a resource. When the parent goes to an agency and gets needed service through his or her own effort, Kerry believes that the parent's confidence and self-esteem are strengthened and that Home Start has thereby done more than simply meet an immediate need.

Needs - Fall 1972

Of the 20 families for whom needs assessment was done, social and psychological needs were identified for only six. All needs in this area during the Fall 1972 were expressed for parents, none for children.

Social/Psychological Services

Problems/Needs	# of Children	Problems/Needs	# of Parents
None specified		Housing (more or better)	2
		Vocational training	3
		Consultation with Child Psychologist	1

As additional families are recruited and Home Visitors become better acquainted with families, their awareness of needs in the area may increase.

Additional Arrangements for Meeting Needs

Home Visitors will continue to provide some direct social services through home visits and group activities which bring Home Start parents and children together.

Home Visitors will also continue to be resources for families and will be responsible for identifying the need for referrals. Kerry Harris notes, however, that as Home Visitors have become better acquainted with their families, her involvement in referrals has increased.

Objectives - December 1972

Program staff have not yet defined measurable objectives for services to parents and children. A revised goal statement for the psychological/social component can be found in Appendix C.

4. Nutrition

Objectives - Spring 1972

Objectives written for the Nutrition Component are:

- To involve the parents in nutritional and consumer education.
- To provide activities in which nutrition and food are relevant to learning.
- To build good food habits.
- To provide training to staff in the area of nutrition and how it relates to early childhood development.
- To coordinate with other agencies to provide their resources for the nutritional component.

Objectives Achieved

Nutrition services for Home Start are supervised by Kerry Harris, Social Services Specialist. As supervisor for nutrition, Kerry has already begun in-service training about nutrition for Home Visitors.

These nutrition workshops for Home Start staff began on September 27, 1972 and include topics such as "The Function of Food," "The Four Food Groups," "Feeding Younger Children," and "Weight Control." Kerry has also established coordination with agencies in the community which can provide additional nutritional resources to Home Visitors.

Needs - Fall 1972

Few nutritional needs were identified among the 20 families for whom assessments were done.

Nutrition

Problems/Needs	# of Children	Problems/Needs	# of Parents
Nutritional Needs	2	Income to Buy Food	2
		Surplus Commodities	1

Because Home Visitors have been visiting families only a short time and have not been able to determine family nutritional habits, they identify only a few needs for better nutrition. Their awareness of these needs is likely to increase as they become better acquainted with families.

Additional Arrangements for Meeting Needs

Home Visitors are learning how to recognize nutritional needs and how to help parents directly in planning for better nutrition, just as they are learning how to use the resources available to help families.

Objectives - December 1972

Program staff prepared revised goal statements for the nutritional component for the second year of Program Operations (see Appendix C). No measurable objectives for services to parents and children have yet been defined.

APPENDIX A

SUMMARY - CASE STUDY I

JUNE 1972

RENO HOME START

NEVADA

CASE STUDY I -- SUMMARY

JUNE 1972

(The following summary describes the program as it was in June 1972. A complete documentation of the program at that time can be found in Home Start Evaluation Study, Interim Report la (case studies).

In June 1972, Reno Home Start had not yet received its funds from OCD, but was in the process of recruiting its staff. The staff of two, the Director and Health Services Specialist, were planning for staff training, family recruitment, and program operation.

The Economic Opportunity Board of Washoe (EOB) is the Grantee Agency for Home Start. Head Start/Home Start will be a joint program with shared resources under the direct supervision of the administrators of the EOB.

Staff

Two staff members of the EOB were devoting their time to Home Start: Marie Mills, the Education Division Head, and Sarah Battle, the Head Start/Home Start Health Services Specialist. Marie Mills, working with Jack Peters, Deputy Director of the EOB, was soliciting applications for the professional and para-professional Home Start positions.

Staff Training

Jerry Jonnson, Head Start State Training Officer, and Marie Mills were developing a training program for Home Visitors. The faculty of the University of Nevada Department of Home Economics had agreed to work with Home Start staff in the nutrition area.

Services

Details for providing services in the Education, Nutrition, Health, and Social/Psychological components were not yet complete. Sarah Battle, Health Services Specialist, planned to provide Home Start children with the same health services that Head Start children receive, i.e., physical and dental examinations, and referral arrangements for other health problems.

Program Goals and Objectives

The overall program goals were:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their children.

There was also a goal stated for each component:

- Nutrition. To insure that each family and each individual in each family eats the kinds of foods which will best insure the good health of the family.
- Health. To provide physical and dental examinations to Home Start children, and where necessary and possible, needed health care.
- Psychological/Social. To meet the social service needs of Home Start families, either by providing the service or an appropriate referral.
- Education. To allow the child to become aware of the world around him, aware of himself, and aware of the relationship between himself and the rest of the world in a positive way.

As Reno Home Start entered its start-up phase in June 1972, it was unclear how the program would unfold. The Head Start/Home Start sharing relationship needed to be operationalized and the recruitment of staff was the first priority.

APPENDIX B

RECORDS KEPT BY HOME VISITORS

1. Recruitment Report
2. Family Log
3. Activity Sheet
4. Home Visit or Contact Form

RECRUITMENT REPORT

RECRUITER:

PROGRAM:

DATE:

TIME SPENT RECRUITING:

CONTACT NAME (if known)	ADDRESS (all addresses including contacts and fact sheets left)	APPLICATION (yes or no)	IF NOT, WHY

____________________ Child's Name

____________________ Parent's Name

FAMILY LOG

Date ____________________

Impressions and Observations:

________________________________ Child's Name

________________________________ Parent's Name

________________________________ Visitor

________________________________ Date

ACTIVITY SHEET

I. List activities used:

II. Explain Presentation of the Activity.
Include list of materials a) brought in; b) from home:

III. What was parent's reaction to activity?

IV. What was child's reaction to activity?

V. Note any other pertinent observations.

HOME VISIT OR CONTACT FORM

CHILD ________________________

PARENT(S) ________________________

STAFF ____________ PROGRAM ____________

DATE OF VISIT OR CONTACT ________________________

☐ scheduled home visit with plan
☐ discussion of child's progress
☐ notification of meeting or event
☐ other ________________________

☐ telephone conversation
☐ social visit
☐ request for parent to volunteer

RESULTS ________________________

PROBLEM, IF SO, EXPLAIN ________________________

WERE PARENTS ADVISED OF ANY COMMUNITY SERVICES? If so, which ones ____________

WAS A REFERRAL MADE? If so, to which agency? ____________

IS THERE NEED FOR FOLLOW-UP VISIT OR CONTACT? If so, by whom? ____________

DO YOU NEED ASSISTANCE FROM A SPECIALIST OR SUPERVISOR? If so, explain ____________

Is there any change in family's pertinent information (address, new child in family, etc.)? If so, list here

ANY OTHER INFORMATION

If assistance is needed, give form to assisting staff person.

If no assistance is needed, give form to your supervisor.

ASSISTANCE AND/OR FOLLOW-UP GIVEN -- EXPLAIN

NAME AND TITLE ____________________ DATE __________

9/21/72

APPENDIX C

Revised Goal Statement for Year II

II. Operational Plan by Objectives:

A. Overall Goals - Education Division

Goal: Document the need for early childhood development programs for all children.

Objective: Develop a system for maintaining records of all applicants regardless of income.

A file for all rejected applicants will be kept and at the end of the program year the information on this file will be compiled. This will be the responsibility of the Education Division Head.

Goal: To develop and implement a management system which will allow for the success of the program.

Objective: (1) To develop a method of evaluating the program.

The primary responsibility for developing a method of evaluating the programs lies with the supervisors, although they will no doubt need assistance and cooperation from other members of the component and from the planning component. A meeting should be held at the beginning of the program year with the appropriate members of these components present. The method used in this evaluation will be based upon that method set forth in the EOB Operations Manual. The evaluation will cover the following areas: (a) Program Performance, (b) Program Impact, (c) Program Design and (d) Program Administration.

Much of the information necessary for the evaluation will be found in the forms of the Home Start Management Information System and the documentation that we have developed, e.g., Home Visit Forms. Additional information will be found through interviews with Home Start families and staff. A reasonably standardized family interview will be developed by the Home Start Supervisor.

Objective (2): To develop a process for documenting the needs of the families in order that the programs may be modified or expanded.

As in Objective (1) the documentation for Home Start will be found in the Management Information System (Home Start Needs Assessment Form) and for both programs our own forms and interviews. However, we are hoping to supplement this information with that found by the Program Development Team. The Program Development Team will be correlating and documenting the needs of families as part of their quarterly evaluations, which is an integral part of the year-around planning process. These evaluations, which will include in-put from the Head Start Policy Council, EOB, and staff, will serve to modify or redirect the program based upon two factors. (1) the well defined needs of the families, and (2) the effectiveness of the Home Start Work Program in meeting those needs.

Goal: To establish a working relationship between Home Start and Head Start Programs and agencies and institutions related to education.

Objective (1): To exchange resources between educational agencies.

The Education Specialist with cooperation from the Home Start Supervisor and Head Start Supervisor, and State Training Officer will establish contacts with various education-related agencies and institutions so that resources may be exchanged. Some of these will include U.N.R. - departments of Home Economics, Education and Teaching Resource Center - Toy Lending Library (ABE), Follow-through, Intergroup and County Library.

Objective: (2) For staff and parents to become involved on other educational advisory boards and attend monthly school board meetings.

Visitors and Teachers will encourage parents to join or attend PTA meetings, Washoe County School Board meetings, and other related group meetings so that they may become more involved in the education of their children. Hopefully, attendance at these meetings will demonstrate to parents that they can have an influence on the institutions that are so directly related to their lives.

B. Education:

Goal: Providing a child development program which enhances the child's intellectual, emotional, social and physical development.

1. Preparation

To insure that teachers, aides and Home Visitors are prepared to carry out the activities required to accomplish the goals of this component, In-Service Training will be carried out on a regular basis.

a. The Home Start Visitors will participate in a day-long workshop. Part of the time each week will be set aside to discuss the curriculum units appropriate activities and ways to discuss the ideas with parents. When needed, consultants may be called in. Group training will be supplemented by individual consultations with the Education Specialist or the Home Start Supervisor as needed.

b. Head Start Teachers and Aides will participate in training provided in part by the University of Nevada through contract courses arranged with the assistance of the State Training Office, and in part by the Education Specialist or by consultants he provides on an as-needed basis. Group training will be supplemented by individual consultants with the Education Specialist or the Head Start Supervisor as needed.

c. Parents will be encouraged to participate in training in the following ways:

1. Registration for contract courses at the U of N.

2. Attendance at training sessions provided by consultants called upon by the Education Specialist.

3. Establishing special interest groups in the area of early childhood development, with the assistance of the Education Specialist.

These activities are intended to supplement the basic education provided through home visits (Home Start) and classroom participation and conferences with the teacher (Head Start) and classroom participation and conferences with the teacher (Head Start).

II. Delivery:

The Child Development Program of this component will be delivered in two different ways.

a. In the Head Start Program, the goals of this component will be met in classrooms by means of a program based on the Far West Responsive Environment Model. There will be two major aspects of the program: (1) curriculum and (2) Environment.

1. Curriculum: Teachers will develop weekly lesson plans and submit them to the Head Start Supervisor who, with the Education Specialist will review them and make recommendations for improvement, if necessary.

Teachers will be responsible for implementing plans in the classroom. The Supervisor will monitor the use of the plans.

Weekly plans will be developed around the following units: Self-image, sensory awareness, family, food, clothes, community helpers, animals, nature (e.g. air, water, insects, plants), transportation, holidays, and seasons. Within each unit, teachers will provide opportunities for each child to learn names, properties, basic number concepts and relational concepts (position, direction, space and time). Teachers will also encourage each child to develop thinking skills by providing opportunities to solve problems.

Activities relating to the above concepts will be provided by the teacher in the classroom. She will insure that each child is provided at least one major learning experience each week and will adjust the experience to meet the needs of the individual child.

2. Environment: Each classroom and playground will be "child-centered" in accordance with the guidelines provided by the Responsive Environment Model.

   a. Equipment will be child sized and materials will be related to the interests and needs of the children.

   b. Daily activities will be scheduled to satisfy the children's needs (e.g., large group activities will not be unduly long, adequate change-of-pace will be anticipated and provided).

   c. Communication with the child will be conducive to supporting a positive approach to activities. What the child can do will be accentuated. Discipline will be handled in a manner which will support the needs of the group and the limits necessary to meet those needs, without making a child feel guilty when he exceeds the limits, and always assuring him he can do better.

   d. The teacher will provide areas for each child in which he will find success, and where he may feel free to choose his own activities.

   e. Expression of emotion will be encouraged within these guidelines:

      1. The teacher will show her understanding and acceptance of the child as he is.

      2. The teacher will show approval of and will encourage proper expression of emotion.

      3. By example and by suggestion, the teacher will show alternative ways to express emotion when the child is inclined to choose a way disruptive to the class or to his own best interest.

   f. The social development of each child will be encouraged by:

      1. exposure to group situations.

      2. encouragement of cooperation with other children.

      3. providing activities to produce sharing, tolerance, and opportunities to help other children.

   g. The development of language shills shall be done on a daily basis through (1) the model provided by the teacher, (2) encouraging the child to talk by active listening, and (3) aiding the child in attaining an extended language facility by the successive approximation method.

b. Home Start.

1. The goals of the component will be met by means of weekly visits by Home Visitors in the homes of parents or parent substitutes whose children are admitted to the program.

2. The education-oriented activities will be divided into the following units:

    a. Use of senses, preceptual acuity and properties of objects.

    b. Language development, including its importance and methods to encourage it.

    c. Basic mathematical concepts such as, larger amount, smaller amount, most, least, etc.

    d. Classification.

    e. Relational concepts - position, direction, space, and time.

    f. Problem solving.

3. Activities relating to the above will be discussed with the parent in weekly visits, during which the visitor will consider with the parent:

    a. how the unit is related to child development and to success in life.

    b. how the activity relates to the basic unit.

    c. how the activity can be repeated with variation

    d. other elements in the environment which could be used to accomplish the same purpose.

4. The parents will be encouraged to carry out the activities as discussed between parent and visitor throughout the week and thereafter as opportunity arises.

III.Evaluation:

In order to meet the needs of the individual assessments of each child be made by the teacher or visitor with the assistance of the Education Specialist if necessary, to evaluate the health, cultural and family background, types of experience and educational and physical development of each child. Evaluation of experience and learning will occur on an on-going basis, so that activities can be provided accordingly.

The content of the program.will be reviewed by the Education Specialist who will consult with and make recommendations to the Home Start and Head Start supervisors on a regular basis, and who will also consult with Teachers, Aides, and Visitors, as needed.

The performance of Teachers and Visitors will be made by their respective supervisors on a regular basis. Teacher Aides will, in addition, be evaluated by the teachers to whom they are assigned when asked by the Head Start Supervisor.

IV. Resources:

In order to improve the quality of the education program, contacts will be made with the following resources:

a. The University of Nevada - Home Economics and Education Departments. This contact will be made through the State Training Office.

b. The Education Resources Center at the University of Nevada

c. The Washoe County Library

d. Intergroup

e. Adult Basic Education

f. The Toy Lending Library

g. Follow-through

In addition, the Education Specialist with the cooperation of the Head Start and Home Start Supervisors will establish a library for the use of both staffs consisting of children books, records, toys and sourcebooks for curriculum related activities. At such time as the librarynbecomes sufficiently supplied, the parents will be encouraged to use the library.

C. Health.

Goal: To promote good health for the family.

The Health Specialist will provide all health information and material to the staff and family. This involves follow-ups and teaching of both staff and parents. The Health Specialist will be aware of all health resources in the community and is responsible for seeing that this information is passed on to the Head Start/Home Start parents. The teaching of the Visitors will be held at the Center - 195 North Arlington Avenue every Monday morning from 9 to 11 a.m. The teaching of the parents will be in the homes, by Visitors. A special workshop will be held for the parents and staff at the Center every 90 days by an outside Specialist or Doctor. The Health Specialist will set up a special training class for the staff and parents on such subjects as:

1. Importance of Health Care.

2. Importance of Dental Care

3. Importance of Immunizations in Early Childhood

4. Importance of Parents Accompanying their children to their Physical Examinations

5. Importance of Follow-ups.

Doctors and Specialist will discuss such diseases as:

a. Sickle Cell Anemia

b. T.B.

c. Early Childhood development

d. Venereal Diseases

and how to prevent and treat the above diseases.

The specialist will form a Health Review Committee and hold a special group session at the Center every 30 days. The Committee will consist of the following: Home Start Visitors, Home Start Supervisor, and Health Specialist. This will be done every month to discuss the family needs and how we can help them maintain good health. Any medical problem that the Visitors cannot solve should be referred to the Health Specialist immediately for special attention. She will make the necessary arrangement for further assistance as needed.

Objective: To coordinate with local health services, EOB, health planning program.

The Health Specialist will work with the Health Planner and Education Division Head. The Specialist will set up meetings at least once a month to discuss new health resources, and possible ways to improve on-going services. Some meetings will be held at 195 North Arlington Avenue, Reno, and some at 785 Sutro, Community Health Center, Reno. This will be an exchange between all staff personnel, working toward bringing more health care for the families.

Goal: To arrange for comprehensive health services for children in the family.

The Health Specialist will make all the medical appointments for the children and make sure that the appointments are kept. The Health Specialist will also see that the follow ups are completed and all necessary medical problems re follow-ups should be reported to the Home Start Visitor and Supervisor, and the Head Start Teachers and Supervisor. All children will be provided with the following examinations:

1. Complete Physicals:
    a. Height, weight, age.
    b. General appearance, posture, gait.
    c. Speech - behavior during examination
    d. Skin, eyes: externals - Optic Fundi
    e. Ears: External and Canals heart, lungs, Tympanic membrances - teeth, nose, mouth, abdomen and genitalia, bones, joints, muscles, neurological exams, gross motor function, personal and social function, plus all follow-up work. All follow-up work will be reported to the Home Visitors and Home Start Supervisor by the Health Specialist.
2. Dental Service:
    a. Complete examination
    b. Prophy Flouride
    c. Extractions
    d. Fillings
    e. All follow-up work.
3. Immunizations:
    a. DPT #1-2-3- plus boosters
    b. Polio
    c. Rubella
    d. Measles
    e. PPD for T.B.
    f. Follow-up as required.
4. Laboratory Work:
    a. Urinalysis
    b. C.B.C.
    c. P.K.U.
    d. Anemia - Sickle Cell
5. Screening - Auditory + Audio Gram
    a. Vision
    b. Speech
    c. Hearing

6. Growth Assessment through the year.

Community Resources Used:

1. State Lab., 790 Sutro Street, will do lab work - 12 pts. week - Tuesday and Wednesday only, between 8:30 A.M. and 11:00 A.M.

2. State Dental Lab - doctor pending - 560 Mill Street - will do Dental Work.

3. Speech and Hearing Clinics, 560 Mill Street.

4. Dr. Edwards Special CHildrens Clinic, 560 Mill Street.

5. W.M.C. - for County and ADC cases.

6. Well Baby Clinic - 701 Greenbrae, Sparks

7. Well Baby Clinic - 785 Sutro Street, Reno.

8. Well Baby Clinic - Upper Stead, Nevada

9. Well Baby Clinic, Wheeler and Crampton

10. Health Department, #10 Kirman Street.

Immunizations may be obtained from above resources. PPD shots are given at #10 Kirman only. Plus Title XIX.

Transportation will be provided by staff and Visitors, plus volunteers if necessary.

Community Resources are tapped to provide services such as follows:

1. Dr. Humphreys - Dental Consultant from San Francisco, to demonstrate dental health services to staff, parents and Health Specialist, such as (a) good dental hygiene, (b) how to brush your teeth, (c) dental prophyiaxis, (d) Flouride application (e) Health Specialist -,how to maintain a dental control form

2. Dr. Levins - Medical Consultant from San Francisco - to review health records, screening test, physician's evaluations for Health Specialist.

3. Medical students plus Dr. Scully from the Medical School will give lectures to the Visitors regarding health.

D. Social Services:

Goal: To provide information to the parents as to the social services available in Washoe County and how to use them.

1. Evaluate the type, availability and effectiveness of Social Services and whether or not Home Start families use those services.

Social Services will encompass housing needs (both emergency and long-term), legal assistance needs, clothing, transportation, budgeting, welfare, furniture, employment, training, education, school problems, and other related needs. The Social Services Specialist will use available expertise at EOB and in the community and make agency contact to become aware of available resources. The teachers, aides and visitors will give parents r referral information and on occasion the staff and Social Services Specialist will themselves make referrals. The staff will provide information to the Social Services Specialist on families being referred to services and delivery of same.

The types, availability and effectiveness of services will be evaluated every three months, and at the end of the year, we will know which services are effective.

2. To make staff and parents aware of available social service resources and how to use them.

The Social Services Specialist will prepare a Supportive Service Guide covering available social service resources. This guide will be distributed to teachers and they will receive initial training in the usage thereof. The staff in turn will, during the month after the training, devote home visits to each parent on teaching the parent how to use the guide. The result will be that parents will be able to understand what resources are available and how to use them effectively without staff assistance. This project will be measured in that if parents are not using the guide they will be dependent upon the staff for referral information. In that event, follow-up training will be provided to staff to again work with the parents on the guide.

Goal: To establish and implement a system of referral and follow-up with Social Service Agencies.

1. To establish agreements with Social Service Agencies as to individual responsibilities in joint cases.

The Social Services Specialist will initially share program information with other agencies so that there will be a good understanding of what program functions are. During the course of the program, an on-going basis, when families need specific support as made known by the visitors, we will work with agencies in mutual interest for the family's benefit.

2. To establish a referral and follow-up information system for Head Start Families.

The Social Service Specialist will develop a documentation system that will reflect who was referred, when referred, to which agency, for which service, if service was received and when, and further action needed. The teachers will be trained initially on the use of the forms involved and in the reason for the system, that being a way to be sure that parents are receiving adequate information, that they are using that information, and that agencies that should provide services are doing so. This will, in the total evaluation, also show which agencies are being used, if we are making best use of our resources and how many parents received referrals.

It will be the responsibility of the Head Start Supervisor to be sure proper form is used by teachers and that the information goes to the Social Services Specialist.

Assistance will be needed from the Program Development Team in developing these forms and developing and implementing the total system.

3. To make staff aware of the "referral and follow-up system".

The Social Services Specialist will provide initial training to the Visitors on the purpose and use of the "Family Referral Form" and the expected result. The Home Start Supervisor will monitor the regular use of the forms by the Visitors.

Goal: To document the gaps in the existing Social Service delivery System.

1. To develop and implement a system for documenting the gaps in the existing social service delivery system.

The Social Services Specialist will use the information provided by field staff on the Home Visit/Contact Form to document needs that are unanswered. The Family Needs Assessment Form will also be used for this.

The field staff are responsible for makeing home visits (one-a-week Head Start, one-a-week Home Start) and documenting information gathered on the visit on the Home Visit/Contact Form. Field staff will turn these forms in to their Supervisors, who will in turn, route information to the Social Services Specialist.

The PDT and Community Development Team will be involved in the planning for ways to create awareness in the community and with the parents of possible plans of action to meet the needs and therefore fill the gaps.

E. Nutrition:

Goal: To promote a good nutritional standard for the families.

1. To involve the staff and parents in nutritional and consumer education.

Parents will be involved at their choice in the Nutrition Committee, with staff support and guidance coming primarily through the Social Services Specialist. Initially, the committee's function will be to have input on the menus for lunches, with assistance from the Social Services Specialist and the Washoe County Extension Service Home Economist, who will attend the committee meetings. The committee will be encouraged to become involved in the snack program as to the coordination of snacks with the lunches. This committee will also concern itself with activities involving all interested parents in nutritional and consumer education, again with the support of the Social Services

Specialist and Home Economist.

Written materials of an informational nature will be mailed to parents monthly by the Social Services Specialist.

This information will deal with consumer hints for frugal and wise shopping and suggestions for adding variety, taste and necessary foods to low-cost meals. Parents will be informed of the Nutrition Aide Program run by County Extension Service, which offers an informative monthly newsletter, nutrition aides who come to the home with shopping and cooking hints, and classes for interested parents.

The Social Service Specialist will work with the Home Economist, Washoe County Extension Service, in setting up a training program for the visitors and interested parents. Participants will be involved in training on the basic food groups and the importance of their inclusion into the daily diet, menu planning, shopping hints and "best buys" information, and commodity foods use.

This training will be held once a month at the County Extension Service, and Home Start Visitors will then take the information from the session into the homes and during that month will work with parents to incorporate nutrition information into that family's daily planning.

2. To provide a well-balanced, nutritional meal and a snack to the children during school days (Head Start).

The Head Start Supervisor is responsible for the Snack Program in the ordering of food and supplies and working with the teachers and all parents to decide what the snacks will be.

The Social Services Specialist is responsible for the Head Start Lunch program in the following areas:

a. Maintaining an active on-going contract with the caterer;

b. Monitoring daily the quality and quantity of lunches;

c. Working with caterer to improve lunches, increase quantities, etc., when indicated as necessary.

d. Meeting with teaching staff monthly to receive their input on lunch program, and suggestions for menus and general improvement;

e. Meeting with parents on menus and general suggestions on lunch program;

f. Meeting with Home Economist to assure continual good nutritional standard of lunches.

The Head Start Supervisor is responsible for the supervision of lunch bus drivers, teachers handling the food, equipment for the lunch program, along with milk and supplies and snacks.

The caterer shall be responsible for following the menu provided by the Social Services Specialist guaranteeing good nutritional meals and for preparing them in an appetizing manner.

Teachers are responsible for serving the food to the tables so that children may serve themselves, and for providing a good atmosphere for lunch time, and for arranging creative, nutritional snacks.

The lunch bus driver is responsible for picking lunches up at the caterer's facility and transporting that food to the centers.

3. To provide activities in which nutrition and food are relevant to learning.

The Education Specialist will be responsible for ensuring that nutrition and food learning activities are included in the curriculum. The Teachers and Visitors will be responsible for including creative learning activities relating to food and nutrition in their plans. The training's effectiveness will be measured by the observation by the Education Specialist of the classroom activities and the Visitor's effectiveness by the monitoring of their visits and weekly planning/feedback sessions.

4. To build good food habits.

The Social Services Specialist will ensure that parents receive nutrition information from the County Extension Service, and the nutrition committee will be encouraged to arrange activities such as cook-ins and tours to stimulate interest on the parents part in good food habits.

The parents, if they wish it, will be sent a copy of the monthly Nutrition Newsletters from County Extension Service and will, in that mailing, be provided with the option of getting it each month. This publication offers suggested low-cost recipes, menus and buying tips.

5. To provide training to the staff in the area of nutrition and how it relates to early childhood development.

The Education Specialist will ensure that within the training plan described in Objective A will be included information showing the relationship of good eating patterns and development of a child, both physical and mental. We will also focus on the specific needs of the families. By periodically checking, the Home Start Supervisor and the Head Start Supervisor can determine age ranges and totals for the families. For example, if we discover a high percentage of teen-agers in the families, then we will include specific information about needs and preferences of teen-agers in the training. The training will be held monthly at the County Extension Service, and parents will be invited to attend.

6. To coordinate with other agencies to provide their resources for the nutritional component.

The Social Services Specialist will establish contacts with the available local nutrition resources and will maintain familiarity with their functions and services. Through personal contact and other means of communication, the Social Services Specialist will make all possible use of these resources to meet the Program needs.

We will approach this phase of the program with the idea that we want first to deliver to the parents a basic working knowledge of food groups and menu planning, and will broaden our designated impact as needs are indicated.

Parents may be interested in cooperative buying or food stamps rather than commodity foods, and we will rely on the following methods to produce these needs:

a. Teachers, aides and visitors.

b. Center committees.

c. Policy Council

d. Nutrition Committee

e. Individual teachers

We will work closely with the CDC in investigating the possibility of cooperative action in this area.

Goal: To improve the Food Service for the Head Start Food Program.

1. Develop an R.F.B. to be sent to local caterers.

The Social Services Specialist will develop a request for bid that will:

a. Stimulate interest in submission of bid.

b. Detail the necessary information for bid evaluation in the areas of:

    1. facilities

    2. staff

    3. cost breakdown

    4. sample menu

    5. understanding of nutrition needs of preschoolers.

This request for bid will be sent to restaurant managers, caterers and others that have indicated interest in the lunch contract.

Assistance will be needed from the PDT in writing the contract due to legal terminology and from the CDC in evaluating the lunch program.

2. Cooperate with all other EOB Food Programs.

The Meals on Wheels Program and the Emergency Food Meal Ticket component share with Head Start, an interest in and a dedication to a quality food program. We have invaluable expertise available through the Home Economics Department, U of N and County Extension Service that should be shared and coordinated to deliver the most impact to the total programs. This coordination will be the responsibility of the Division Heads of all relevant programs.

3. Additional Objective: To develop and implement a method to evaluate the food program.

The Social Specialist will develop an evaluation system of how lunches follow the prepared menu, and if the contractor is meeting the conditions of the contract.

The Division Head will be responsible for implementing the evaluation system through [illegible] Head Start Supervisor so that teachers and parents are providing information on quality, quantity, etc. of lunches. The Division Head and Social Services Supervisor will take appropriate action on the basis of the evaluation to ensure the needs of the children and objectives of the program are being met.

The evaluation will be done on an on-going basis. The lunch will be inspected daily by teachers and information as to quality and quantity of lunches will be documented under the direction of the Division Head.

In the case of needed correction, this will be handled two ways:

1. Calls to the caterer will suffice in situations calling for that action;

2. Intensive review of the program and possible changes in contractual status will be considered, should step #1 not correct insufficiencies.

F. Psychological Services:

Goal: To provide psychological services to the family as needs dictate.

1. Objective: To train the staff to recognize indications of psychological problems.

The Social Services Specialist, with the cooperation of the Nevada Mental Health Clinic, will set up initial training for staff on recognizing indications of problems. NMHC has agreed to teach the staff the concept of how to recognize a mentally health child as well, in our coordinated effort to emphasize the positive. We have also been offered the assistance of a consultant from OCD to train the staff in recognizing a mentally healthy child. Feedback from visitors and teachers determine the need for additional training. Training will be conducted either at the clinic or at the center.

2. Objective: To make the staff and parents aware of what psychological service resources are available and how to use them.

The Social Services Specialist will prepare and distribute the Supportive Services Guide and will train the staff in the use of the guide. This will be done in an initial training session. Visitors will then take the Guide into the home on Home Visits and on a one-to-one basis, train the parents on what psychological service resources are available to them. The Home Visits, during the month after the training session, will be devoted to the guide in a manner to enable the parents to use the available resources independently of staff. If staff or parents indicate a need for additional information, follow-up training will be scheduled.

Evaluation and monitoring will be on-going in that if parents are still seeking information available to them in the Guide, it will be assumed that the training process was not adequate and that follow-up training with staff is necessary so that staff can properly relate information on proper use of the Guide to the Parents.

3. Objective: To coordinate with other agencies to provide their resources for the psychological component.

The Social Services Specialist will establish contacts with the available psychological resources in the community and will share information received on Home Visit/Contact Forms provided by † teachers and visitors, psychological services are needed by families, referrals will be made to the proper resource; however, this referral system need only be used in the case of the Supportive Service Guide proving to be inadequate or unused.

Follow-up on referrals made will be on-going through information provided by the parent to the teacher and by contacting the referral agency. During the coming months, the team of Education Specialist, Head Start Supervisor and Social Services Specialist will investigate the resources available for a consulting psychologist to visit and observe in our classrooms, along with investigating the wisdom of such a project considering the concept of Head Start.

G. Volunteer Component

Goal: To develop and implement a system for recruiting, training and utilizing volunteers in the program.

1. Objective: Orientation packets will be developed for training volunteers.

The orientation packet will be designed by the Social Services Specialist with help from the other specialists and the Supervisor and will entail a description of what the program is about, the function of each component and the role of volunteers in the program. The appropriate specialist or supervisor will then use the packet in the training of the volunteers.

2. Objective: Staff will be trained on the utilization of volunteers, with emphasis on parents.

The Home Start and Head Start Supervisors, with pre-training from PDT, will provide a training session for staff.

This session will emphasize the need for and purpose of volunteers and how volunteers and the program benefit. Follow-up training will be given if it is determined that volunteers are being misused or unused.

If volunteers are not being used, there will be an absence of in-kind to directly show this problem. If volunteers are being used improperly, this will be picked up through unwillingness on the volunteers' part to maintain participation or by complaints.

3. Objective: A screening system will be developed for community volunteers.

The Social Services Specialist will develop a screening system for community volunteers. This sytem will attempt to determine if the potential volunteer is agreeable with the basic purpose of Home Start and if the volunteer has the skills, experience interest and/or availability necessary. After the screening process has been completed, the volunteer will be sent to the appropriate supervisor, specialist or visitor.

Prior to the screening of a volunteer, there will be planning as to the specific role the volunteer will play. In Head Start, job descriptions will be prepared to help the parent volunteer understand his/her role and to help the teacher make a parent a working part of the classroom team.

4. Objective: Staff will use the In-kind Documentation System as set forth in the Accounting Procedures Manual of the EOB.

Staff will emphasize that donated goods and services must be recorded. In addition, the documentation required for in-kind donations by the Home Start Management Information System will be recorded.

5. Objective: To have a minimum of one volunteer in each classroom while in session.

It will be the classroom teacher's responsibility to recruit and orient parent volunteers for the fulfilling of our obligation on adult-child ratio, and to encourage involvement on the parents' part in their child's activities.

In the case of the teacher being unable to recruit enough parents to ensure one volunteer each day, the Social Service Specialist will contact community groups and University resources in an effort to fulfill the requirement.

Parents will not be screened for admission as volunteers; their involvement is automatically needed, recruited and accepted.

H. Parents - Education Division.

Goal: To have effective parent participation in the program.

1. Objective: To have parents involved in the policy-making process.

Home Start parents will be involved through the Head Start Policy Council and center committee meetings. The exact nature of this participation will be determined by the parents themselves, the By-laws of the HSPC and the 70.2.

2. Objective: To have parents involved in activities which they have helped develop.

Parents can, through HSPC or center committee, or individual meetings, develop activities for themselves and their families. These may be directly related to Home Start/Head Start activities such as nutrition training or indirectly related - sewing or carpentry classes, organizing to influence the school board, etc.

3. Objective: To have parents working with their children in cooperation with the staff.

See entire Home Start/Head Start programs.

4. Objective: To have parents participate in the program as paid staff, volunteers or observers.

All families will be notified of vacancies in Home Start and Head Start staff and given the opportunity to apply for these positions. They will also be given the opportunity to volunteer and observe. (See Volunteer component).

5. Objective: To develop and implement a parent training plan.

Parents will be encouraged to participate in all relevant staff in-service training (see components). Also, if the parents, through their HSPC and Center Committee meetings, determine that they need a particular type of training, the appropriate specialist or supervisor will arrange for the desired T/TA. No parent training will be developed or implemented without the specific request of the parents.

6. Objective: To develop and implement a staff training plan on parent participation.

The Division Head will design a training plan (with assistance, if necessary, from Supervisors, Specialists, the CDC and/or the Program Development Team) for staff on parent participation. This should include information on where, how, why, and when parents are involved in the program.

I. Recruitment - Education Division

Goal: To systematically seek out and encourage enrollment of eligible children (OCD Guidelines).

1. Objective: To determine the areas in which recruitment will take place in cooperation with the Community Development Component.

The supervisors, in cooperation with the DCD will determine what areas of the community and the outgoing districts will receive priority in recruitment. Priority will be based upon two factors:

a. whether or not ehe area is being served by Head Start/ Home Start, and

b. the number of low income families with pre-school children in the area.'

2. Objective: To attempt to recruit children of all races, colors and creeds in accordance with the EOB Affirmative Action Plan.

The Division Head will ensure that families will be recruited and accepted into the program regardless of race, color or creed.

3. Objective: To document all aspects of the recruiting and screening effort.

The Division Head, with cooperation from supervisors, will be responsible for developing and implementing a documentation system of the recruitment process. This documentation will provide information relating to the success or failure of the recruitment effort in any given area of the community. This documentation will include specific information on exactly what areas were covered and why or why not eligible families were found in those areas.

4. Objective: To establish a criterion for selection of eligible applicants.

Criteria for selection will be those required by OCD guidelines.

5. Objective: To establish a waiting list in order that the program can be kept full, and criteria for filling vacancies.

Once the program is full, a file for all eligible applicants will be made by the supervisors. Again, criteria for filling vacancies will be in accordance with OCD Guidelines.

6. Objective: To identify and train staff and volunteers in recruiting procedures.

A pre-service training plan for recruitment will be developed by the Division Head with cooperation from the CDC and supervisor. This training will cover interviewing techniques, identification of recruitment areas and organizing of recruitment teams.

7. Objective: To make the community aware of recruiting efforts.

The supervisor will be responsible for making the community aware of recruitment efforts. This will be done through distribution of posters, public service announcements on radio and TV, news coverage and cooperation with other agencies in the area such as Intergroup, Follow-through, County and State Welfare, Public Health, etc.